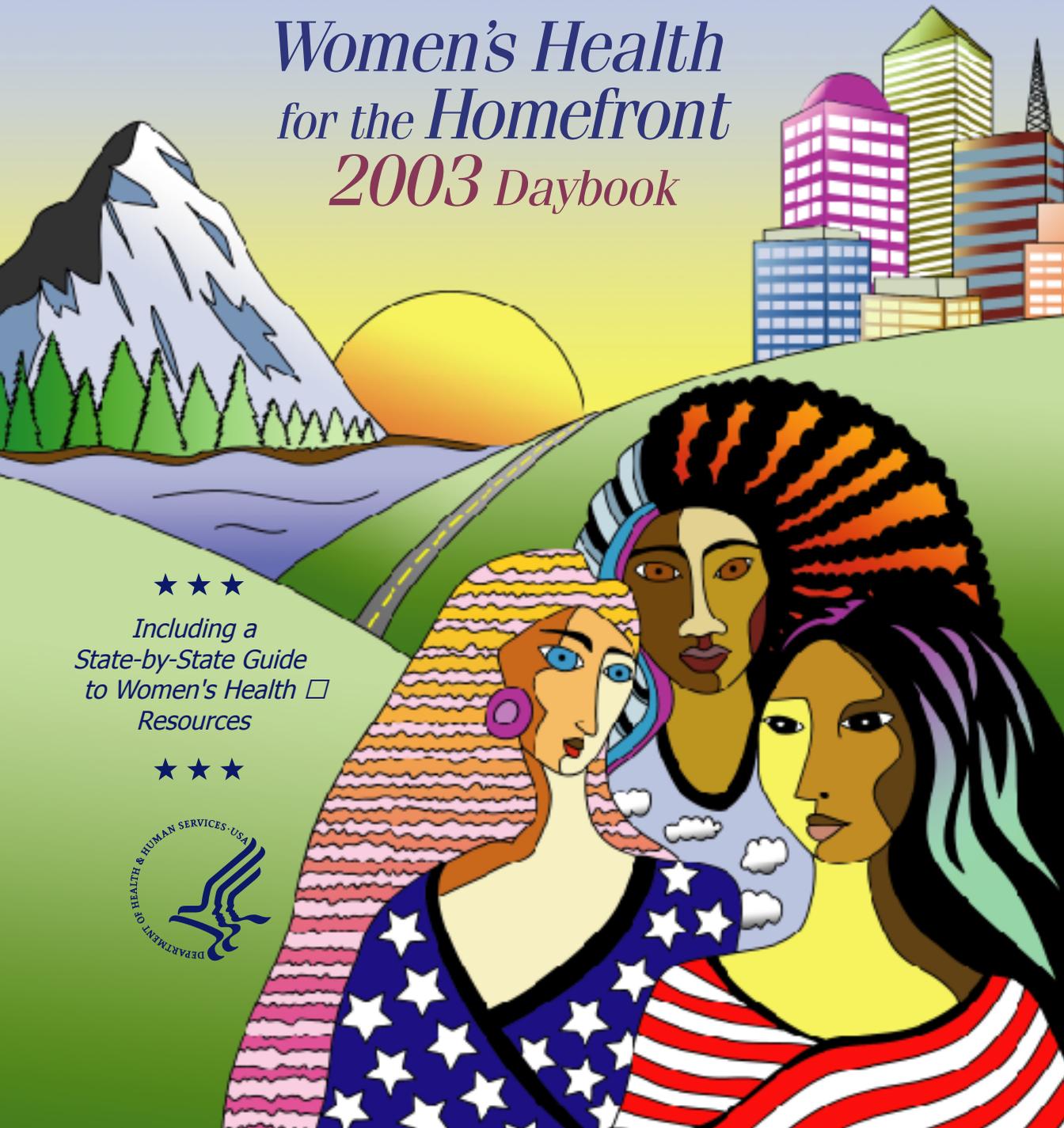


Women's Health for the Homefront 2003 Daybook



Including a
State-by-State Guide
to Women's Health
Resources



Women's Health for the Homefront

As women, we play a vital role in the health of our nation — as members of service professions, personal caregivers, mothers, partners, leaders, teachers, volunteers, healers and more. The theme of this year's daybook, *Women's Health for the Homefront*, recognizes and honors all women across our diverse and beautiful country for the important work we do every day to promote and protect the health of others. Although our roles and backgrounds might differ, we are bound together by our womanhood and by our visions for happiness, adventure, safety, and love.

Many times, we put the other people in our lives before ourselves, ignoring how we feel, and delay going to a health care provider. We think we don't have enough time to focus on our health. And we also don't want to think about, or face the possibility of, having a health problem. Paying attention to our bodies through every phase of our lives, though, not only helps us to stay healthy, it helps us to move forward in our lives with added confidence. Protect yourself by learning about common health conditions, especially about symptoms that might require medical care. Knowledge is key to making better, more informed decisions about your own health, as well as the health of your loved ones. Knowledge also can help to alleviate your fears, leaving you better equipped to handle your situation.

It is our hope that the up-to-date information in this daybook will help you to achieve and maintain good

health throughout the year and beyond. You owe it to yourself and to those who depend on you to stay as strong and healthy as possible. Keep these things in mind as you read this daybook, and use it as a resource when you notice something different or unusual in your health or in the way you feel.

What's included in the 2003 *Women's Health for the Homefront* Daybook:

- ★ Know When to See Your Health Care Provider
- ★ Know Your Body (with diagrams of body systems)
- ★ Symptoms of Serious Health Conditions
- ★ Common Diagnostic Tests
- ★ How to Talk to Your Health Care Provider
- ★ How to Get a Second Opinion
- ★ Preventive Screening Tests and Immunizations
- ★ Chapters on Specific Health Conditions (see Table of Contents for list)
- ★ A State-by-State Guide to Women's Health Resources



National Women's Health Information Center

*A project of the Office on Women's Health
in the U.S. Department of Health and Human Services*

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Welcome to the Women's Health for the Homefront 2003 Daybook! Now in its fifth year, this daybook is an important source of up-to-date and vital health care information for women and their families. Additional health information can be found through the Department of Health and Human Services (www.hhs.gov), the National Women's Health Information Center (www.4woman.gov or 800-994-WOMAN (9662)), and through HealthierUS (www.healthierus.gov). It is my hope that this daybook and these websites will help you make informed, healthier choices for yourself and the ones you love so you'll live longer, happier lives.

Sincerely,
Tommy G. Thompson



HHS Secretary Tommy Thompson meets with the HHS Coordinating Committee on Women's Health. Committee members represent all of the health agencies within HHS and contribute to the materials presented on NWHIC.

(Names of members and agencies represented can be found on page 202.)

About the National Women's Health Information Center (NWHIC)



Why a National Women's Health Information Center?

Have you ever felt that the "age of information" was turning into the "age of confusion"? Now that we have an information superhighway, it seems jammed with advice about what you should do or should not do to take care of your health. Sometimes you get gridlock, where one piece of advice contradicts another or just plain doesn't make sense. The National Women's Health Information Center (NWHIC) is here to help. It provides a toll-free phone service (**800-994-WOMAN (9662)**; **TDD 888-220-5446**) and a web site (**www.4woman.gov**) with information you can count on. And it's FREE.

What's the difference between the National Women's Health Information Center and other women's health information web sites?

The National Women's Health Information Center is entirely sponsored by the federal government. It is a service of the Office on Women's Health within the U.S. Department of Health and Human Services. This means that it does not represent any special commercial interest, and it's not trying to sell you anything. The Center is simply here to help you get information you can trust on a wide variety of women's health issues.

By phone or via the Internet, the National Women's Health Information Center links you to thousands of

fact sheets, brochures, and reports as well as other information from more than 100 government-sponsored clearinghouses, hundreds of private-sector resources, and other Internet sites. Special sections on the web site target particular health issues and populations, like minority women, mothers-to-be, and women with disabilities. There's even a section on men's health and a section in Spanish.

The web site (www.4woman.gov) offers direct links to information sources, provides a news clipping service that is updated five days a week, a calendar of women's health events, information on what's going on in Congress regarding women's health, statistics on women's health, and other information. **The phone service, 800-994-WOMAN (9662) or TDD (888-220-5446) is staffed from 9 A.M. to 6 P.M. (Eastern Standard Time), Monday through Friday, excluding federal holidays, by English- and Spanish-speaking information specialists.** The information specialists can help clarify your information needs and identify resources and materials that can help. When appropriate, the specialists will order materials for you from federal agencies and direct you to toll-free information centers, so you can get immediate answers to specific health questions.

***Please note:** The National Women's Health Information Center is an information referral source only and does not provide clinical advice. It should not be used as a substitute for medical advice from a health care professional.*

Pick Your Path to Health

An Educational Campaign from the Office on Women's Health



Women today are confronted with numerous challenges — from the demands of home and family to the pressures of work. Although the decisions we make in these areas are important, nothing influences our fate more than the choices we make about our own personal health and well-being.

The **PICK YOUR PATH TO HEALTH CAMPAIGN** is a partnership between the Office on Women's Health, other government partners, national non-profit organizations, National Centers of Excellence in Women's Health, National Community Centers of Excellence in Women's Health, local media, and other local organizations around the country.

The **PICK YOUR PATH TO HEALTH CAMPAIGN** suggests practical, simple action steps that you can take to look and feel better. Throughout this book, at the beginning of each new month, you will find action steps that you can take to improve your health habits. Pick your path to health. It's easier than you think.

The Campaign encourages health awareness among all women, with special emphasis on minority women, rural women, and women with disabilities. If you would like to learn more about the Campaign, obtain a community action kit, or receive weekly health tips by email, please contact the National Women's Health Information Center.

We worry so much about everyone else that we rarely take the time to care about ourselves.

THERE ARE SOME SIMPLE **STEPS** YOU CAN TAKE TO FEEL BETTER.

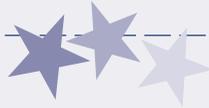
And they may just lead you to a healthier lifestyle.

Call toll-free:
1-888-994-WOMAN
TDD: 1-888-220-5446 or
visit www.hhs.gov
for a complete list of action steps and a free poster.

National Latina

Pick Your Path to Health. It's easier than you think.

National Centers of Excellence



Centers of Excellence in Women's Health (CoE)

Boston University Medical Center CoE, Boston, MA
Phone: 617-638-8035
www.bmc.org/womenshealth

Harvard Medical School CoE, Boston, MA
Phone: 617-732-7123
www.hmcnet.harvard.edu/coe

Indiana University School of Medicine CoE, Indianapolis, IN
Phone: 317-630-2243
www.iupui.edu/~womenhlt

Magee-Womens Hospital CoE, Pittsburgh, PA
Phone: 412-641-4747
www.magee.edu/coe/homepage/home.html

MCP Hahnemann University CoE, Philadelphia, PA
Phone: 215-842-7007
www.mcphu.edu/institutes/iwh

Tulane Xavier Universities of Louisiana CoE, New Orleans, LA
Phone: 877-588-5100
www.tulane.edu/~tuxcoe/NewWebsite

University of California at Los Angeles CoE, Los Angeles, CA
Phone: 310-794-9039
<http://womenshealth.med.ucla.edu>

University of California, San Francisco CoE, San Francisco, CA
Phone: 415-353-7481
www.ucsf.edu/coe

University of Illinois at Chicago CoE, Chicago, IL
Phone: 312-413-7501
www.uic.edu/orgs/womenshealth

University of Michigan CoE, Ann Arbor, MI
Phone: 734-647-0448
www.obgyn.upenn.edu/crrwh/cewh

University of Puerto Rico CoE, San Juan, PR
Phone: 787-758-2525 ext. 1367 or 1368
www.whcpr.rcm.upr.edu

University of Washington CoE, Seattle, WA
Phone: 206-598-8991
www.uwwomenshealth.org

University of Wisconsin-Madison CoE, Madison, WI
Phone: 608-267-5566
www.womenshealth.wisc.edu

Community Centers of Excellence in Women's Health (CCOE)

Christiana Care Health Services, Wilmington, DE
Phone: 302-428-4398

Griffin Health Services Corporation, Derby, CT
Phone: 203-732-1330

Hennepin County Primary Care Department, Minneapolis, MN
Phone: 612-302-4790 or 4791

Jefferson Health System, Birmingham, AL
Phone: 205-930-3310

Kokua Kalihi Valley Comprehensive Family Services, Honolulu, HI
Phone: 808-791-9400

Mariposa Community Health Center, Nogales, AZ
Phone: 520-281-1550

Morton Plant Mease Health Care, Clearwater, FL
Phone: 727-461-2404

Northeast Missouri Health Council, Inc.
Womens's Care Connection, Kirksville, MO
Phone: 660-627-5757
www.nemohealth.com/wcc.html

NorthEast Ohio Neighborhood Health Services, Inc., Cleveland, OH
Phone: 216-541-5600 ext. 112

Northeastern Vermont Area Health Education Center, St. Johnsbury, VT
Phone: 802-748-2506

St. Barnabas Healthcare System, Bronx, NY
Phone: 718-960-9358
www.sbcco.org

Women's Health Services, Santa Fe, NM
Phone: 505-603-0346
www.womenshealthsantafe.com

Know When to See Your Health Care Provider



The 2003 *Women's Health for the Homefront* Daybook contains important health information that every woman needs to know. This year, we have focused on health conditions that we all need to understand, so we can safeguard our health and the health of those we love. Twenty-one health conditions are discussed throughout the Daybook, including heart attack and stroke, digestive tract disorders, sleep problems and mental health conditions. For each health condition we define what it is, explain what the symptoms are, or how it feels, discuss how it is diagnosed, and describe how it is treated.

But as we all know, we sometimes need more than knowledge to take care of our health. In this section of the Daybook, we have included some useful tools to help you put your knowledge to work and take care of your health:

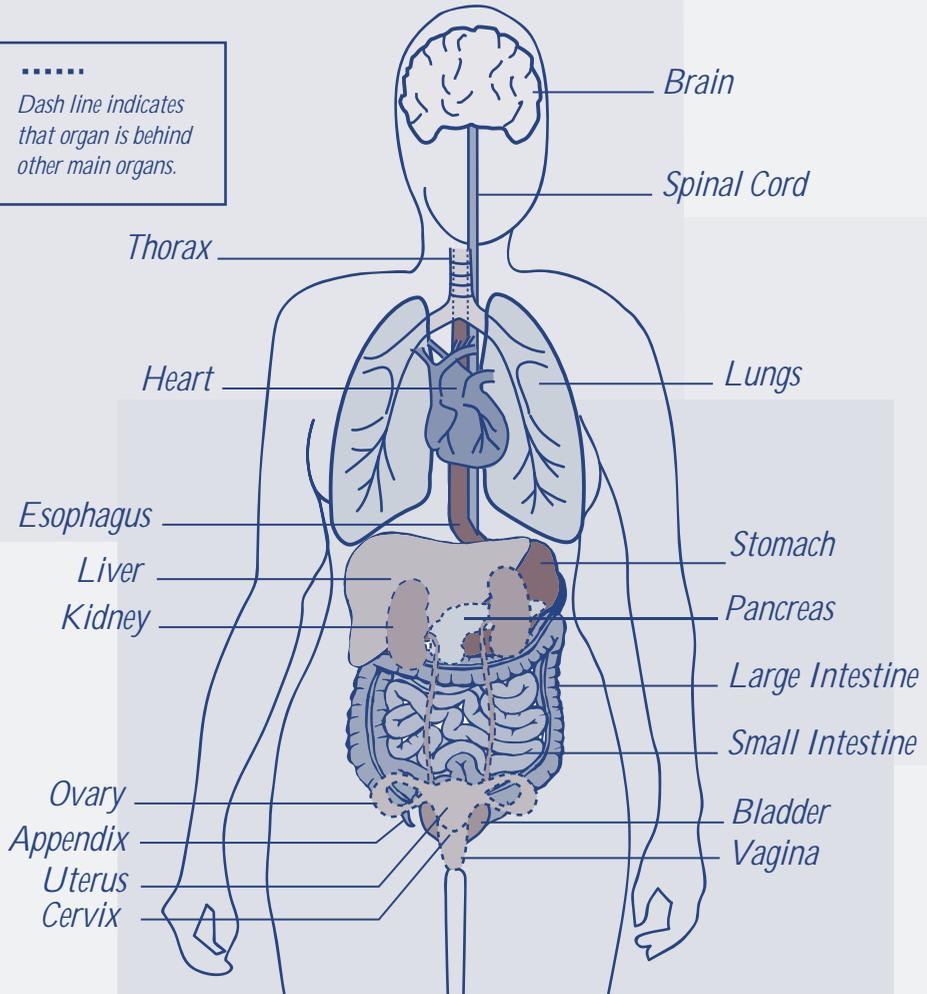
- ★ **Know Your Body** — these diagrams of a woman's body show where organs are and show the different body systems.
- ★ **Symptoms of Serious Health Conditions** — identifies symptoms, some of which can be common and harmless, but might also indicate a serious health problem.
- ★ **Tips for How to Talk to Your Health Care Provider** — gives helpful tips on how to talk to your health care provider, including what to do before your visit.

- ★ **How to Get a Second Opinion** - walks you through the process of getting an opinion on a health condition or concern from a provider different than your own.
- ★ **Preventive Screenings** — recommended screenings and immunizations for women are presented in a handy reference chart, which is organized by screenings needed for different age groups.

We know taking care of your health can be hard sometimes. It's not unusual to ignore your symptoms when you don't feel well. You might be too busy to think about them or you might blame your symptoms on something else, like being overworked or stressed. But, an important part of taking care of your health is going to your health care provider when you don't feel well. Did you know that some health conditions can be hard to diagnose in women and sometimes common symptoms can be signals that something serious is happening to your body? Keep in mind that many conditions can be more easily treated when they are diagnosed early. Take care of your health — you will not only feel better, you will enjoy life more! And, those you love will be glad you're taking care of your health. Use the Daybook as a resource on women's health conditions and don't forget to call the National Women's Health Information Center or visit us on the Internet when you need information on women's health.

Know Your Body

.....
 Dash line indicates
 that organ is behind
 other main organs.



Women's Body Systems

Cardiovascular and Circulatory - heart, lungs, arteries, veins

Digestive (Gastrointestinal) - esophagus, liver, stomach, pancreas, large intestine (colon), small intestine, appendix, rectum, anus

Nervous (Neurological) and Skeletal - brain, nerves, spinal cord, bones, joints

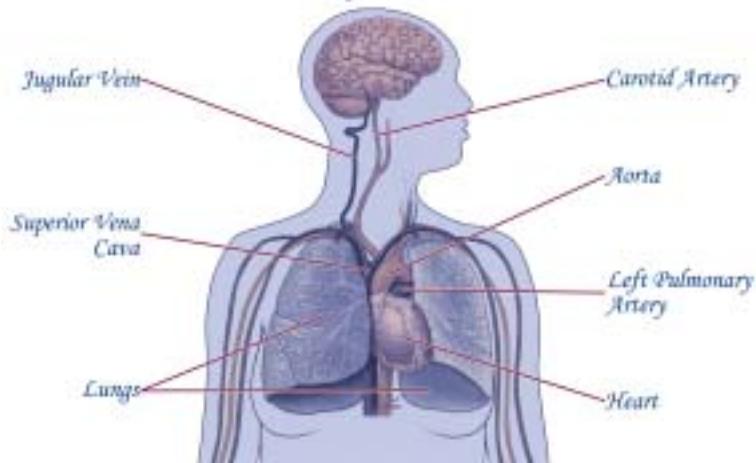
Reproductive - ovaries, fallopian tubes, uterus, cervix, vagina, breasts

Respiratory - lungs, nose, trachea (windpipe)

Urinary - urinary tract, bladder, kidneys

Know Your Body

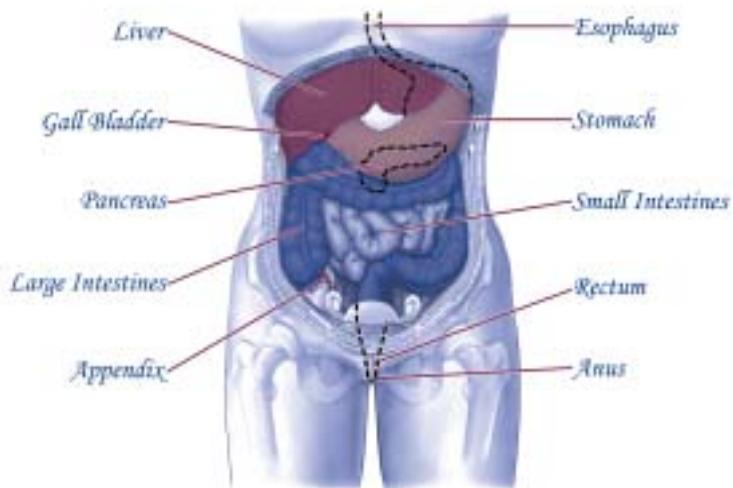
Cardiovascular and Circulatory System



Arteries carry oxygen- and nutrient-rich blood from the heart and lungs to all parts of the body.

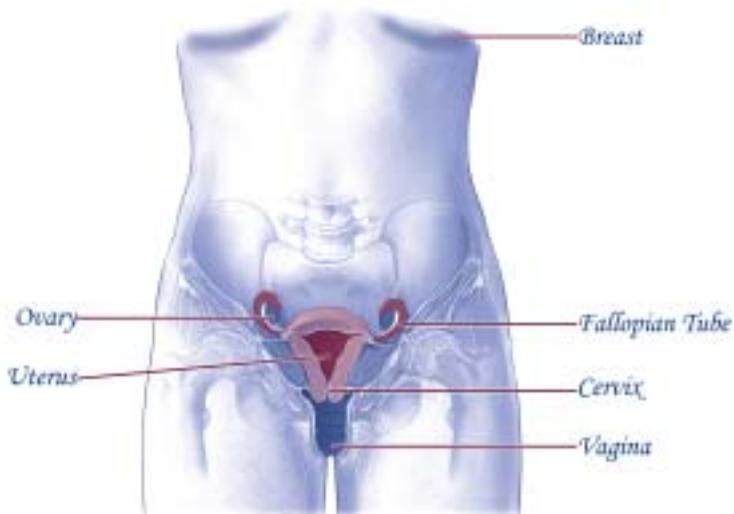
Veins carry oxygen- and nutrient-depleted blood back to the heart and lungs.

Digestive System

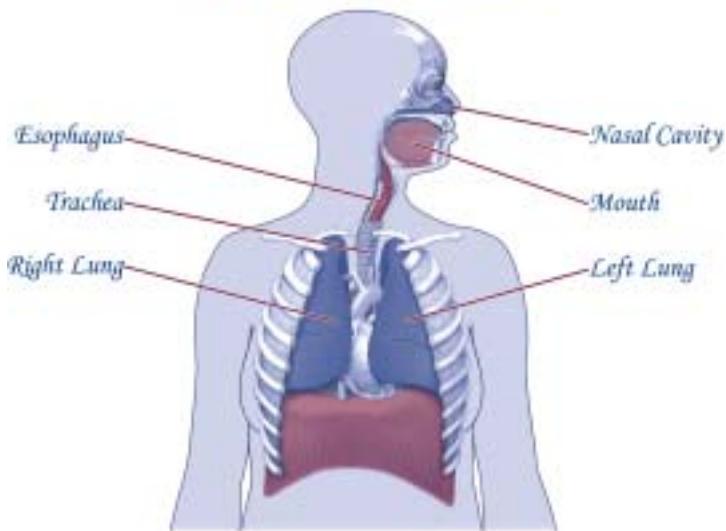


Know Your Body

Reproductive System



Respiratory System



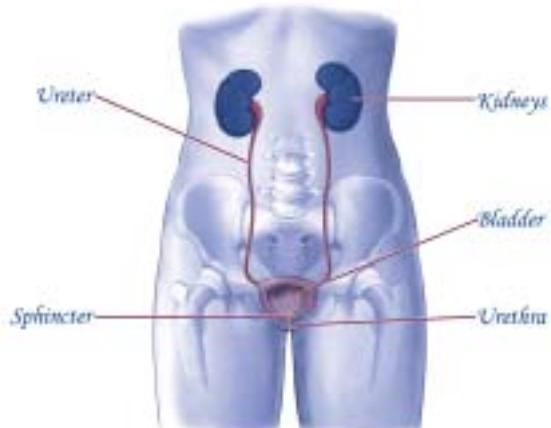
Know Your Body

Skeletal and Nervous System



Note: Not all components of the skeletal and nervous system are shown here.

Urinary System



Symptoms of Serious Health Conditions

This chart shows some symptoms that could be signs of serious health conditions, which should be checked by a health care provider. It is important to note that you might feel symptoms in one part of your body that could actually indicate a problem in another part.

Even if the symptoms don't seem related they could be, so keep track of them all. Listen to what your body is telling you and be sure to describe every symptom in detail to your provider. **Note:** A chart of diagnostic tests that your provider might order follows this chart.

Symptoms that Come on Suddenly

Note: If you have any of these symptoms, do not wait to see your health care provider. You need to go right away to an emergency room or call 911.

- Sudden or developing problems with speech.
- Sudden or developing problems with sight.
- Sudden or developing trouble with balance and coordination.
- Sudden numbness or weakness in face, arms or legs.

Symptoms that Show as Gynecological, or in your Reproductive System

- Bleeding or spotting between periods.
- Itching, burning or irritation (including bumps, blisters or sores) of the vagina or genital area.
- Pain or discomfort during sex.
- Severe or painful bleeding with periods.
- Severe pelvic pain.
- Unusual (for you) vaginal discharge of any type or color, or with strong odor.

Symptoms that Show as Changes in the Breast

- Breast nipple discharge.
- Unusual breast tenderness or pain.
- Breast or nipple skin changes: ridges, dimpling, pitting, swelling, redness, or scaling.
- Lump or thickening in or near breast or in underarm area, or tenderness.

Symptoms that Show as Breathing/Coughing/Lung Problems

- Coughing up blood.
- Persistent cough that gets worse over time.
- Repeated bouts of bronchitis or pneumonia.
- Shortness of breath.
- Wheezing.

Symptoms of Serious Health Conditions

Symptoms that Show as Stomach/Intestinal/Digestive Problems

- Bleeding from the rectum.
- Blood or mucus in the stool (including diarrhea) or black stools.
- Change in bowel habits or not being able to control bowels.
- Constipation, diarrhea, or both.
- Heartburn or acid reflux (feels like burning in throat or mouth).
- Pain or feeling of fullness in stomach.
- Unusual abdominal swelling, bloating, or general discomfort.
- Vomiting up blood.

Symptoms that Show as Urination or Bladder Problems

- Difficult or painful urination.
- Frequent urination or loss of bladder control.
- Blood in urine.
- Feeling the urge to urinate when bladder is empty.

Symptoms that Show on the Skin

- Changes in skin moles; moles that are no longer round or turn blacker.
- Frequent flushing and redness of face and neck.
- Jaundice (skin and whites of eyes turn yellow).
- Painful, crusty, scaling or oozing skin lesions that don't go away or heal.
- Sensitivity to the sun.
- Small lump on skin that is smooth, shiny and waxy (red or reddish-brown).

Symptoms that Show as Muscle or Joint Pain and Stiffness

- Muscle pains and body aches that are persistent, or come and go often.
- Numbness, tingling (pins and needles sensation) or discomfort in hands, feet, or limbs.
- Pain, stiffness, swelling, or redness in or around joints.

Symptoms that Show as Sleep Problems

- Falling asleep suddenly when you don't want to.
- Loud snoring or breathing during sleep.
- Sleeping too much.
- Trouble falling asleep on a regular basis.
- Trouble staying asleep, or waking too early and not being able to go back to sleep.

Symptoms of Serious Health Conditions

Symptoms that are Emotional in Nature

Note: These symptoms can have a physical cause and are usually treatable.

- Anxiety and constant worry, even when nothing major is wrong.
- “Baby blues” that haven’t gone away 2 weeks after giving birth, and seem to get worse over time.
- Depression: feeling empty, sad all the time, or worthless.
- Extreme fatigue, even when rested.
- Extreme tension that can’t be explained.
- Flashbacks and nightmares about traumatic events.
- No interest in getting out of bed or in regular activities, including eating or sex.
- Seeing or hearing things that aren’t there (hallucinations).
- Seeing things differently from what they are (delusions).
- Thoughts about harming yourself or your baby after giving birth.
- Thoughts about suicide and death.

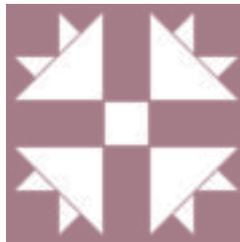
Symptoms that Show as Headaches

Note: This does not include everyday tension headaches.

- Headaches between the eyes.
- Headaches anywhere that come on suddenly.
- Headaches that last longer than a couple of days.
- Seeing flashing lights/zigzag lines and temporary vision loss before a headache starts.
- Spreading pain in face that starts in one eye.
- Severe pain on one or both sides of head with upset stomach, nausea, or vision problems.

Symptoms that Show as Eating or Weight Problems

- Extreme thirst or hunger.
- Losing weight without trying.
- Desire to binge on food excessively.
- Desire to vomit on purpose.
- Desire to starve (not eat at all).



Common Diagnostic Tests

Note: Anesthesia (medicine to block pain or sedate you) is given on many of these tests to keep you comfortable. Be sure to talk with your health care provider (HCP) about what to expect during and after tests, and how to prepare for tests.

Test Name	Definition
Angiogram	Blood vessels are injected with dye to look for the size and location of any blockages in blood vessels.
Barium enema	After drinking a special solution, x-rays are taken to look for abnormalities in the colon.
Biopsy	Removal of a small piece of tissue for examination under a microscope or lab testing to help identify a condition.
Blood test	Blood is taken from a vein (inside elbow, back of hand) to detect problems or rule out a condition, such as anemia (low blood count) or high levels of cholesterol, or to test for diabetes (glucose or sugar).
Bone mineral density test (BMD)	BMD tests take pictures like x-rays of the skeleton to confirm osteoporosis (weakening or thinning of bones), detect low bone density, or check response to an osteoporosis treatment.
Bronchoscopy	A tube with a tiny camera is put into the bronchial tubes (airways to the lungs) to remove cells or tissue, which are sent to a lab to look for cancer or cell changes.
Clinical breast exam (CBE)	The breasts and underarm area (lymph nodes) are physically examined by a health care provider to detect any lumps or abnormalities.
Chest x-ray	A picture is taken of the chest to see the condition of the lungs.
Colonoscopy	A flexible tube with a light source is inserted into the colon through the anus to view all sections of the colon for abnormalities.
Computed tomographic (CT or CAT) scan	Takes 3-dimensional pictures of parts of the body to look for problems, abnormalities, or injury. A special fluid is injected into a vein to highlight parts of the body in the images.
Echocardiogram	Using sound waves, a picture of the heart is made to look for problems with the heart's pumping action.
Electroencephalogram (EEG)	Looks for brain malfunctions by recording electrical impulses (activity) within the brain.
Electrocardiogram (EKG or ECG)	A picture of the heart is made using sound waves, to check the heart's rhythm; can also locate the part of the heart where a heart attack might be occurring (or has occurred).
Fecal occult blood test	Looks for hidden (occult) blood in a stool sample.
Laparoscopy	A tube with a light on one end is inserted into the abdomen through a small incision to check abdominal organs for growths or other problems.

Common Diagnostic Tests

Test Name	Definition
Magnetic resonance imaging (MRI)	Uses powerful magnets and radio waves to construct pictures of the body to look for problems.
Mammogram	A picture of each breast is taken (x-rayed), to look for signs of breast cancer. The new digital mammography records x-ray images on a computer.
Medical history	Your HCP asks you about current and past physical and mental health (illnesses, surgeries, pregnancies), medications and allergies, and your family history of physical and mental health conditions; and may ask about alternative therapies, vitamins and supplements, diet, current and past alcohol and drug use, and physical activity.
Mental health screening	Your HCP or a mental health professional asks you about symptoms like depression or anxiety, medications, alcohol and drug use, thoughts about death or suicide, and any family history of mental illness.
Needle aspiration	A thin needle is inserted into a mass or lump to remove cells or fluid, which are examined under a microscope for cell changes or cancer.
Pap test	Cells from the cervix (opening to the uterus, or womb) and the surrounding area are taken with a cotton swab and looked at for changes in the cells or cancer.
Pelvic exam	By looking at and feeling the reproductive organs through the vagina (birth canal), your HCP can detect certain abnormalities or problems. The rectum, cervix, vagina and area around the vagina are looked at for any problems or disease.
Physical exam	Your HCP looks at your body to detect any problems, screen for diseases, determine risk for future problems, and update vaccinations. You may be asked about your lifestyle (physical activity, alcohol and drug use, diet) and your mental health (emotions, coping ability).
Positron emission tomography (PET) scan	Puts radioactive material into the body to produce pictures of organs (for evaluation) or tumors (to monitor treatment effects).
Sigmoidoscopy	A thin, flexible tube is inserted into the colon through the anus to look for abnormalities in the lower third of the colon.
Sleep studies	Sleep is monitored in a sleep lab, to record brain activity, body movements, nerve and muscle function, and the time it takes you to fall asleep and go into deep sleep.
Spirometry	Measures lung function and how open the airways to the lungs are.
Stress test	Records the electrical activity of the heart during physical stress (exercising on a treadmill) to look for blockages in the blood vessels; can also be done with drugs and no exercise.
Ultrasound	Using sound waves, a picture of internal organs is created on a computer screen, to look for problems or abnormalities.

How To Talk to Your Health Care Provider



Waiting in your health care provider's (HCP) office can be a nerve-racking experience, whether you're waiting to see a doctor, a nurse, a therapist, or another type of practitioner. As you flip through old magazines in the waiting room, you might worry about what's wrong or become aggravated about getting behind schedule. Then, when you see your HCP, the visit seems to fly by, leaving only a few minutes for you to explain your symptoms and concerns. Later that night, you remember something you forgot to mention and wonder if it matters. Knowing how to talk to your HCP will help you get the information you need, when you need it, especially when visits are oftentimes short. Here are some tips for talking with your HCP:

- ★ **Make a list of concerns and questions to take to your visit with your HCP.** While you're waiting to be seen, use the time to review your list and organize your thoughts. You can share the list with your HCP.
- ★ **Describe your symptoms clearly and briefly.** Say when they started, how they make you feel, what triggers them, and what you've done to relieve them.
- ★ **Tell your HCP what prescription and over-the-counter medicines, vitamins, herbal products, and other supplements you're taking.** Be honest about your diet, physical activity, smoking, alcohol or drug use, and sexual history — withholding information can be harmful! Describe allergies to drugs, foods, or other things. Don't forget to mention if you are being treated by other HCPs, including mental health professionals.
- ★ **Don't feel embarrassed about discussing sensitive topics.** Chances are, your HCP has heard it before! Don't leave something out because you're worried about taking up too much time. Be sure to have all of your concerns addressed before you leave.
- ★ **If your HCP orders tests, be sure to ask how to find out about results and how long it takes to get them.** Get instructions for what you need to do to get ready for the test(s) and find out about any dangers or side effects with the test(s).
- ★ **If you are diagnosed with a condition, ask your HCP how you can learn more about it,** including what caused it, if it is permanent, and if there are lifestyle changes you can make to help yourself feel better. Be sure to ask about **all** of the options for treatment, and how you can find out more information about treatment options.
- ★ **When you are given medicine and other treatments, ask your HCP about them.** Ask how long treatment will last, if it has any side effects, how much it will cost, and if it is covered by insurance. Make sure you understand how to take your medicine, what to do if you miss a dose, if there are any foods, drugs or activities you should avoid when taking the medicine, and if there is a generic brand available at a lower price (you can also ask your pharmacist about this).
- ★ **Understand everything before you leave your visit.** If you don't understand something, ask to have it explained again.
- ★ **Bring a family member or trusted friend with you to your visit.** They can take notes, offer moral support, and help you remember what was discussed. You can also have that person ask questions as well.

How to Get a Second Opinion



Even though their training can be similar, health care providers (HCPs) have their own opinions, experiences, and thoughts on how to practice, including diagnosing and treating conditions or diseases. Some HCPs opt to take a more conservative, or traditional, approach, while other HCPs are more aggressive and tend to use the newest tests and therapies. Since health care (including mental health) is a highly specialized and constantly changing field, it can be difficult for every HCP to be skilled in the latest technology. Getting a second opinion from a different HCP might give you a fresh perspective and more information on how to treat your condition. You can then weigh your options and make a more informed choice about what to do. If you are given similar opinions from two HCP's, you also can talk with a third HCP. Here are some tips for how to get a second opinion:

- ★ **Ask your HCP to recommend another HCP or specialist for another opinion.** Don't worry about hurting your HCP's feelings. Most HCP's welcome a second opinion, especially when surgery or long-term treatment is involved.
- ★ **If you don't feel comfortable asking your HCP about whom to go to for a second opinion, contact another HCP you trust.** You can also call university teaching hospitals and medical societies in your area for names of HCPs. Some of this information is available on the Internet.

- ★ **Always check with your health insurance provider first to make sure they will cover the cost of a second opinion.** Many health insurance providers do. Ask if there are any special procedures you or your primary care doctor need to follow.
- ★ **Arrange to have your medical records sent to the second opinion HCP before your visit.** This gives the new HCP time to look at your records and can help you to avoid repeating medical tests. You need to give written permission to your current HCP to forward any records or test results. You can also request a copy of your medical record for your own files.
- ★ **Learn as much as you can about your condition.** Ask your HCP for information you can read, go to a local library, or do a search on the Internet. Some teaching hospitals and universities have medical libraries that are open to the public. But, be aware that sorting through information that is complicated and sometimes contradictory can be a daunting task. List your questions and concerns and bring the list to discuss with the HCP you are seeing for a second opinion.
- ★ **Never rely solely on the telephone or Internet for a second opinion.** When you get a second opinion, you need to be seen by an HCP. A sound second opinion includes a physical examination and a thorough review of your medical records. Don't forget to ask the HCP to send a written report to your primary HCP and get a copy for your records.

General Screenings and Immunizations Guidelines for Women

Please Note: These charts are guidelines only. Your health care provider will personalize the timing of each test and immunization to best meet your health care needs.

Screening Tests	Ages 18-39	Ages 40-49	Ages 50-64	Ages 65 +
General Health Full check-up, including weight and height	Discuss with your health care provider			
Thyroid test (TSH)	Starting at age 35, then every 5 years	Every 5 years	Every 5 years	Every 5 years
Heart Health Blood pressure test	Starting at age 21, then once every 1 – 2 years if normal	Every 1 – 2 years	Every 1 – 2 years	Every 1 – 2 years
Cholesterol test	Starting at age 20, then every 5 years	Every 5 years	Every 5 years	Every 5 years
Bone Health Bone mineral density test		Discuss with your health care provider	Discuss with your health care provider	Discuss with your health care provider
Diabetes Blood sugar test		Starting at age 45, then every 3 years	Every 3 years	Every 3 years
Oral Health Dental (Oral exam)	One to two times every year			
Reproductive Health Pap test & Pelvic exam	Every 1 – 3 years after 3 consecutive normal tests. Discuss with your health care provider.	Every 1 – 3 years after 3 consecutive normal tests. Discuss with your health care provider.	Every 1 – 3 years after 3 consecutive normal tests. Discuss with your health care provider.	Every 1 – 3 years after 3 consecutive normal tests. Discuss with your health care provider.
Chlamydia test	If sexually active, yearly until age 25	If you are at high risk for chlamydia or other sexually transmitted diseases (STDs) you may need this test. See STD section.	If you are at high risk for chlamydia or other sexually transmitted diseases (STDs) you may need this test. See STD section.	If you are at high risk for chlamydia or other sexually transmitted diseases (STDs) you may need this test. See STD section.
Sexually Transmitted Diseases (STDs) tests	If you have multiple sexual partners; or a partner with multiple sexual partners; or a partner with an STD or sexual contact with STDs; or a personal history of STDs.	If you have multiple sexual partners; or a partner with multiple sexual partners; or a partner with an STD or sexual contact with STDs; or a personal history of STDs.	If you have multiple sexual partners; or a partner with multiple sexual partners; or a partner with an STD or sexual contact with STDs; or a personal history of STDs.	If you have multiple sexual partners; or a partner with multiple sexual partners; or a partner with an STD or sexual contact with STDs; or a personal history of STDs.

General Screenings and Immunizations Guidelines for Women

Please Note: These charts are guidelines only. Your health care provider will personalize the timing of each test and immunization to best meet your health care needs.

Screening Tests	Ages 18-39	Ages 40-49	Ages 50-64	Ages 65 +
Breast Health Breast exam	Yearly by a health care provider; monthly self-breast exam.	Yearly by a health care provider; monthly self-breast exam.	Yearly by a health care provider; monthly self-breast exam.	Yearly by a health care provider; monthly self-breast exam.
Mammogram (x-ray of breast)		Every 1-2 years. Discuss with your health care provider.	Yearly	Yearly
Colorectal Health Fecal occult blood test			Yearly	Yearly
Flexible Sigmoidoscopy (with Fecal occult blood test is preferred)			Every 5 years	Every 5 years
Double Contrast Barium Enema (DCBE)			Every 5-10 years (if not having colonoscopy or sigmoidoscopy)	Every 5-10 years (if not having colonoscopy or sigmoidoscopy)
Colonoscopy			Every 10 years	Every 10 years
Rectal exam	Discuss with your health care provider	Discuss with your health care provider	Every 5-10 years with each screening (sigmoidoscopy, colonoscopy, or DCBE)	Every 5-10 years with each screening (sigmoidoscopy, colonoscopy, or DCBE)
Eye and Ear Health Vision exam with eye care provider	Once initially between age 20 and 39	Every 2-4 years	Every 2-4 years	Every 1-2 years
Hearing test (discuss with your health care provider)	Starting at age 18, then every 10 years	Every 10 years	Discuss with your health care provider	Discuss with your health care provider
Skin Health Mole exam	Monthly mole self-exam; by a health care provider every 3 years, starting at age 20.	Monthly mole self-exam; by a health care provider every year.	Monthly mole self-exam; by a health care provider every year.	Monthly mole self-exam; by a health care provider every year.
Mental Health Screening	Discuss with your health care provider	Discuss with your health care provider	Discuss with your health care provider	Discuss with your health care provider
Immunizations Influenza vaccine	Discuss with your health care provider	Discuss with your health care provider	Discuss with your health care provider	Recommended yearly
Pneumococcal vaccine				One time only
Tetanus-Diphtheria Booster vaccine	Every 10 years	Every 10 years	Every 10 years	Every 10 years

Recommended Screenings and Immunizations for Women with High Risk Factors

✓ if it applies	Does your family history include?	Then ask your health care provider if you need the following screenings or tests more often or at a younger age:
	High blood pressure	Blood pressure test
	High cholesterol	Cholesterol test
	Heart disease; premature heart disease or heart attack	Blood pressure test; cholesterol test; exercise stress test
	Diabetes	Blood sugar test
	Breast cancer	Mammogram; ovarian screening tests
	Cervical, uterine, or vaginal cancer	Pap test; pelvic exam; ovarian screening tests; colon screening
	Ovarian cancer	Pelvic exam; ovarian screening tests; colon screening; clinical breast exam
	Osteoporosis; bone fracture in adulthood	Bone mineral density test
	Thyroid disease or thyroid cancer	Thyroid test and/or genetic counseling
	Gum (periodontal) disease	Oral exam
	Hearing problems; deafness	Hearing test
	Vision problems; eye disease; blindness	Vision exam
	Inflammatory bowel disease; colon polyps; colon, ovarian or endometrial cancer	Colonoscopy; sigmoidoscopy; DCBE; rectal exam; fecal occult blood test
	Cancer, heart disease, or any illness at an unusually young age (50 or under)	Genetic counseling, possible early screening tests
	Two relatives with the same kind of cancer	Genetic counseling, possible early screening tests
	Birth defects or genetic disorder (you or your partner)	Genetic counseling, possible early screening tests. If you want to become pregnant, genetic counseling for you and your partner.

Recommended Screenings and Immunizations for Women with High Risk Factors

✓ if it applies	Are you?	Then ask your health care provider if you need the following screenings or tests more often or at a younger age:
	African American	Blood pressure test; cholesterol test; blood sugar test; vision exam; colonoscopy; genetic counseling for sickle cell anemia
	Hispanic American	Blood pressure test; cholesterol test; blood sugar test; colonoscopy
	Alaska Native/Pacific Islander	Blood sugar test
	American Indian	Blood sugar test
	Ashkenazi Jewish Descent	Genetic counseling for Tay-Sachs disease, if you want to become pregnant
	Ashkenazi Jewish with family history of breast or ovarian cancer	Genetic counseling for possible BRCA1/2 mutation
	Asian American	Blood sugar test
	Over age 65	Bone mineral density test; flu vaccine; pneumococcal vaccine
	College age	MMR vaccine; varicella vaccine
	Postmenopausal	Bone mineral density test
	Pregnant	Blood pressure test; blood sugar test; urine test; HIV test; STDs tests; MMR vaccine
	A non-pregnant woman of childbearing age	MMR vaccine; varicella vaccine
	A smoker	Blood pressure test; cholesterol test; bone mineral density test; oral exam; vision exam
	Overweight	Blood pressure test; blood sugar test; weight
	Living in prison	Tuberculosis (TB) test; HIV test; STDs tests
	Living in long-term care	TB test; influenza vaccine; pneumococcal vaccine
	A health care worker	TB test; influenza vaccine; pneumococcal vaccine; MMR vaccine; varicella vaccine
	A health care worker exposed to blood	HIV test; Hepatitis screening; Hepatitis A, B vaccines

Recommended Screenings and Immunizations for Women with High Risk Factors

✓ if it applies	Do you have or have you had?	Then ask your health care provider if you need the following screenings or tests more often or at a younger age:
	High blood pressure	Blood pressure test; cholesterol test; blood sugar test
	High cholesterol	Blood pressure test; cholesterol test; blood sugar test
	Heart disease	Blood pressure test; cholesterol test; blood sugar test; influenza vaccine; pneumococcal vaccine
	Diabetes	Blood pressure test; cholesterol test; blood sugar test; vision exam; urine test
	Gestational diabetes (diabetes during pregnancy)	Blood sugar test
	A baby weighing more than 9 lbs.	Blood sugar test
	Breast cancer	Mammogram; ovarian screening tests
	Dense breasts	Mammogram; clinical breast exam
	Cervical, uterine, vaginal cancer	Pap test; pelvic exam; ovarian screening tests; colon screening
	Ovarian cancer	Pelvic exam; ovarian screening tests; mammogram; colon screening
	Previous abnormal Pap tests	Pap test; pelvic exam
	Early menopause (natural or surgically induced); absent or infrequent menstrual periods; advanced age; a personal history of bone fracture in adulthood; lifelong low calcium intake; lifelong inactive lifestyle, or little physical activity; low body weight or a history of an eating disorder such as anorexia nervosa	Bone mineral density test
	An autoimmune disease (including lupus, rheumatoid arthritis, scleroderma, multiple sclerosis, psoriasis)	Thyroid test; TB test; influenza vaccine; MMR vaccine; pneumococcal vaccine; autoimmune screening test

Recommended Screenings and Immunizations for Women with High Risk Factors

✓ if it applies	Do you have or have you had?	Then ask your health care provider if you need the following screenings or tests more often or at a younger age:
	Chronic lung disease	Influenza vaccine; pneumococcal vaccine
	Chronic liver disease	Hepatitis A vaccine
	Thyroid disease	Thyroid test; influenza vaccine; pneumococcal vaccine
	Gum (periodontal) disease	Oral exam
	Colon polyps; Inflammatory bowel disease	Colonoscopy
	A developmental delay	Vision exam; hearing test
	Eye injury or disease	Vision exam
	Ear injury or prolonged exposure to loud noise	Hearing test
	HIV/AIDS	Oral exam; vision exam; Pap test; pelvic exam; TB test; thyroid test; STDs tests; influenza vaccine; pneumococcal vaccine; Hepatitis screening; Hepatitis A, B vaccines
	A blood transfusion from 1978-85	HIV test; Hepatitis screening
	Multiple sex partners (or a partner who has multiple sex partners)	STDs tests; HIV test; Hepatitis B test; Pap test; pelvic exam
	Alcoholism	Pneumococcal vaccine; TB test; psychological screening
	Intravenous (IV) drug use or addiction	Hepatitis screening; Hepatitis A, B vaccines; TB test; STDs tests; HIV test; psychological screening
	A sexually transmitted disease (STD)	STDs tests; HIV test; Pap test; pelvic exam
	Lived or worked with someone exposed to Tuberculosis (TB)	TB test
	A serious injury (cut or laceration)	Tetanus-Diphtheria booster vaccine
	A baby recently (within the last few weeks or months)	Post-partum depression screening

January

SUN	MON	TUE	WED	THU	FRI	SAT
<i>"Since its beginnings, our land has been blessed by noteworthy women who played defining roles in shaping our Nation."</i> George W. Bush			1 New Year's Day	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20 Martin Luther King Jr. Day	21	22	23	24	25
26	27	28	29	30	31	

January Health Activities and Observances

From the **PICK YOUR PATH TO HEALTH CAMPAIGN** (described on page 6 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

Spirituality *Personal Action Steps*

Make a list of 10 victories you can celebrate in your life.



Measure success by how much health, peace, and joy you have.



Reward yourself for all you do.



Take a moment to celebrate your spirit.



Health Observances *for January*

National Birth Defects Prevention Month

National Eye Care Month

National Glaucoma Awareness Month

National Volunteer Blood Donor Month

Cervical Health Awareness Month

Healthy Weight Week (19-25)

Notes

January



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New Year's Day

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January



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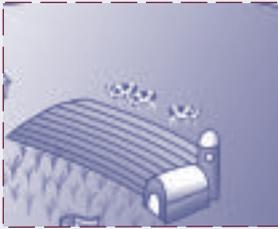
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Martin Luther King Jr. Day

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January



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www.4woman.gov/hhs

Health for the Homefront...Understanding Heart Attack and Stroke

What They Are and How They Feel



Heart attacks and strokes, while different conditions, both are caused by a lack of blood flow. A heart attack, caused by coronary heart disease, occurs when blood flow to the heart is critically reduced. Lack of blood flow to the brain from a blood clot, or bleeding in the brain from a broken blood vessel, causes a stroke. Sometimes called a "mini stroke," a person can also have a *transient ischemic attack (TIA)*, which increases the risk for a full stroke. In the United States, heart disease is the #1 cause of death for women and stroke is #3.

High blood pressure, high blood cholesterol, smoking, being overweight, lack of physical activity, diabetes, a family or personal history of heart disease, and age can increase your risk for heart attack and stroke. Talk with your health care provider about ways to manage these diseases or risk factors.

Diagnosing Heart Attack

Your health care provider will review your medical history, health behaviors, and family history. He or she will ask you about any chest pain or discomfort in any areas of the upper body, fatigue, shortness of breath, weakness, swelling in the feet or ankles and other symptoms, and conduct a physical exam. Heart attacks can also be diagnosed by providers in an emergency room. Some of the tests that can be done include:

Warning Signs of Heart Attack

Every minute counts, even if the symptoms seem to disappear! Know that not everyone gets all of these warning signs. And, sometimes these signs can go away and return. Treatments are most effective if given within one hour of when the attack begins. **If you have these symptoms, call 911 right away!**

Signs of Heart Attack

- ★ Chest discomfort or uncomfortable pressure, fullness, squeezing, or pain in center of chest that lasts longer than a few minutes, or comes and goes.
- ★ Spreading pain to one or both arms, back, jaw, or stomach.
- ★ Cold sweats and nausea.

As with men, women's most common heart attack symptom is chest pain or discomfort. But women are somewhat more likely than men to have some of the other warning signs, particularly shortness of breath, nausea, vomiting and back or jaw pain.

Electrocardiogram (EKG or ECG) — checks the heart's rhythm and can locate the part of the heart where a heart attack might be occurring (or has occurred).

Blood test — checks for substances in the blood called biomarkers, which may increase in amount in the blood if heart cells are injured (usually done to determine if a heart attack is occurring or has occurred).

Echocardiogram (echo) — looks for problems with the heart's pumping action.

Stress test — looks for blockages in blood vessels and problems with the heart.

Warning Signs of Stroke

Every minute counts, even if the symptoms seem to disappear! Know that not everyone gets all of these warning signs. And, sometimes these signs can go away and return. Treatments are most effective if given within one hour of when the attack begins. **If you have these signs, call 911 right away!**

Signs of Stroke

- ★ Sudden numbness or weakness of face, arm, or leg, especially on one side of the body.
- ★ Sudden confusion, or trouble speaking or understanding speech.
- ★ Sudden trouble seeing in one or both eyes.
- ★ Sudden trouble walking, dizziness, or loss of balance or coordination.
- ★ Sudden severe headache with no known cause.
- ★ Blurred or double vision, drowsiness, and nausea or vomiting.



Cardiac catheterization — looks for problems with the blood vessels, heart chambers, heart valves, and heart birth defects.

Nuclear imaging — looks for damaged areas of the heart and problems with the heart's pumping action.

Diagnosing Stroke

Your health care provider will review your medical history, do a physical and neurophysical exam (of the nerves and nervous system), and order blood tests. Strokes can also be diagnosed by providers in an emergency room. Other tests may be done, such as:

Computed tomographic (CT or CAT) scanning and magnetic resonance imaging (MRI) tests — looks for blockages or bleeding in the brain, and the extent of brain injury.

Electroencephalogram (EEG) and evoked response test — records the brain's electrical activity.

Blood flow tests (B-mode imaging, Doppler test, duplex scanning) — looks for changes in blood flow to the brain.

Angiography (a test where blood vessels are injected with dye) — looks for size and location of blockages in blood vessels.

Treating Heart Attack

If you suffer a heart attack and get to an emergency room quickly, a therapy called reperfusion might be done. The sooner you can have any part of this therapy, the better your recovery will be. Reperfusion involves:

- ★ **drugs to dissolve blood clots** (thrombolysis)
- ★ **balloon angioplasty or percutaneous transluminal coronary angioplasty (PTCA)** to widen narrowed arteries with an inflated balloon

- ★ **coronary artery bypass graft surgery (CABG)** to improve blood supply to parts of the heart muscle that suffer from decreased blood flow

Treating Stroke

Treatment for stroke depends on what kind of stroke you may have had. If you had the most common type of stroke, called an *ischemic stroke*, you may be given:

- ★ **Clot-busting drugs** such as *tissue plasminogen activator (TPA)*. You need to get TPA within 3 hours of the start of a stroke. This is why it is so important to get to a hospital quickly if you think you are having a stroke.
- ★ **Anticoagulant medicines** like *warfarin*, and *antiplatelet agents* like aspirin. These interfere with the blood's ability to clot and can help to prevent stroke.
- ★ **Surgery** (for prevention or treatment). Examples include removing fatty deposits clogging the carotid artery (a major blood vessel) in the neck, stopping blood flow to an aneurysm (a weak spot in a blood vessel that can swell and burst), and removing abnormal blood vessels of the heart, lungs, or blood vessels.

For information on screenings and tests that can help prevent heart attack and stroke, check the charts on pages 20-25 of this daybook, or go to www.healthierus.gov.



"Americans have always believed in the power of science to improve lives, and it is the support and the use of scientific advances that has reduced the epidemic of heart disease."

George W. Bush

Osteoporosis



What It Is and How It Feels

Osteoporosis is a disease that thins and weakens bones to the point where they break easily — especially bones in the hip, spine (backbone) and wrist. It can strike at any age, and you might not even know you are at risk or have it until you break a bone. Over half of all women over the age of 65 have osteoporosis, and many become so disabled that they lose their independence. Women are four times more likely than men to develop the disease because women have lower bone mineral density to begin with. Estrogen loss at menopause may add to this.

All women, even girls, can make sure to get enough calcium in their diets and participate in physical, weight-bearing activity to develop stronger, denser bones. These good habits must begin in childhood, when girls are in their peak bone producing years. The Office on Women's Health is a partner in sponsoring the National Bone Health Campaign, "Powerful Bones. Powerful Girls." to educate and encourage girls to establish lifelong healthy habits to build and maintain strong bones. For more information, visit www.cdc.gov/powerfulbones.

Diagnosing Osteoporosis

A complete screening for osteoporosis includes a family medical history and bone mass measurements to see if the bones are still dense. Routine x-rays can't diagnose osteoporosis until it's quite advanced, but other tests can. There are several kinds of painless devices used to estimate bone density, and most require far less radiation than a chest x-ray. Different parts of the skeleton may be measured to confirm osteoporosis, detect low bone density so

Osteoporosis is often called the "silent disease" because bone loss occurs without symptoms. However, losing height or having a bone break easily is often the first sign of osteoporosis. A low score on a bone mineral density (BMD) test is a sign that you are either developing or have osteoporosis. **But, in order to know if you should have a bone mineral density test, you and your health care provider should talk about whether you have any of the following high risk factors:**

- ★ a personal history of bone fracture in adulthood
- ★ early menopause before age 50 (natural or surgically induced)
- ★ absent or infrequent menstrual periods
- ★ advanced age (or over age 65)
- ★ lifelong low calcium intake (especially dairy products)
- ★ lifelong inactive lifestyle or little physical activity
- ★ low body weight or a history of an eating disorder like *anorexia* or *bulimia*
- ★ taking medications like steroids

These are just some of the things that can increase your chances of developing osteoporosis. Talk with your health care provider about all of the risk factors to find out if you have them, how you can prevent osteoporosis, and if you need a BMD test.

preventive steps can be taken, or check your response to an osteoporosis treatment. Your health care provider will tell you what you can expect from each test. The different types of BMD tests include:

- ★ **Dual Energy X-ray Absorptiometry (DXA)** — measures density at the spine, hip, or total body.
- ★ **Peripheral Dual Energy X-ray Absorptiometry (pDXA)** — measures density at the wrist, finger, or heel.
- ★ **Quantitative Computed Tomography (QCT)** — measures density at the spine, or other sites.
- ★ **Quantitative Ultrasound (QUS)** — measures density at the heel.
- ★ **Peripheral Quantitative Computed Tomography (pQCT)** — measures density at the wrist.

Treating Osteoporosis

If you are developing osteoporosis, you can prevent future bone fractures by changing your lifestyle and getting medical treatment. A calcium-rich diet (milk, yogurt, salmon, calcium-fortified orange juice and breads), daily exercise, and drug therapy all are treatment options. Also, having good posture and taking practical steps in your home to prevent falls are important to reduce your chances of being injured or disabled. There are a variety of drugs available to help preserve or slow bone loss, and maintain your bone quality to reduce the risk of fractures.

The current approved drugs for the treatment or prevention of osteoporosis are called anti-resorptive drugs because they slow bone from breaking down (resorption) and include:

- ★ **Alendronate (Fosamax)** — Used to treat bone loss from the long-term use of osteoporosis-causing medications, such as steroids, and is used for osteoporosis in men.
- ★ **Risedronate (Actonel)** — Similar to Alendronate.

- ★ **Calcitonin (Miacalcin)** — Can be injected or taken as a nasal spray, slows or stops bone loss, and may ease pain associated with bone fractures.

- ★ **Raloxifene (Evista)** — Has many estrogen-like properties, and can decrease the rate of vertebral fractures by 30 to 50 percent.

Estrogen, Hormone Replacement Therapy (HRT) or Estrogen Replacement Therapy (ERT), has also been used to prevent bone loss. Recent studies suggest, however, that this might not be a good option for many women (see *Menopause* chapter).

Talk with your health care provider about the risks and benefits of these treatment options. Some other treatments are being studied, but are not yet approved by the Food and Drug Administration (FDA). One drug awaiting FDA approval is *teriparatide* (recombinant parathyroid hormone or PTH). Unlike anti-resorptive drugs, PTH stimulates new bone to form. New research shows that it can build bone in men with osteoporosis and in women who have been on steroid treatments. PTH also can reduce vertebral fractures by 65 to 69 percent, and reduce fractures in other parts of the skeleton.

If you have suffered a serious fracture in your spine, you may be able to have a promising new procedure called kyphoplasty. With kyphoplasty, an orthopaedic balloon is placed into fractured vertebra, gently inflated, and then the vertebra is filled with a type of bone cement. This procedure can give you quick pain relief and help correct any spinal deformity that may have happened as a result of the fracture. There also is a procedure called vertebroplasty in which bone cement is injected to stabilize a fracture. But unlike kyphoplasty, it does not correct spinal deformity.

For information on screenings and tests that can help prevent serious osteoporosis, check the charts on pages 20-25 of this daybook.

February

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" We are in the midst of a revolution in women's health, a revolution that has brought new attitudes, awareness and an appreciation that women have some fundamentally different health needs that need to be addressed in their own right."

Tommy G. Thompson

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Chinese
New Year's
Day

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Groundhog Day

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Lincoln's
Birthday

Valentine's Day

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President's Day

Washington's
Birthday

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February Health Activities and Observances

From the **PICK YOUR PATH TO HEALTH CAMPAIGN** (described on page 6 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps.

Physical Activity Personal Action Steps

Treat your family to some time at a community recreation facility.



Start to exercise gradually and work your way up.



Start your spring cleaning early, it's a great way to exercise.



Strengthen your legs and your heart. Take the stairs instead of the elevator.

Health Observances for February

American Heart Month

Low Vision Awareness Month

National Children's Dental Health Month

Wise Health Consumer Month

Cardiac Rehabilitation Week (10-14)

National Burn Awareness Week (2-8)

National Child Passenger Safety
Awareness Week (9-15)

National Eating Disorders
Awareness Week (23-March 2)

National Girls and Women in Sports Day (5)

February is African American History Month

Important health issues of special concern to African American women:

- ★ African American women have the highest death rates from heart disease and stroke among all American women.
- ★ More African American women than Caucasian women have high blood pressure, which can lead to heart attack and stroke.
- ★ HIV/AIDS is a leading killer of young African American women.
- ★ More African American women are likely to die from breast cancer than are Caucasian women.
- ★ African American women have the highest rates of maternal and infant mortality in the nation.
- ★ A national survey of African American women showed that over half (67 percent) of the participants engaged in little or no leisure time physical activity.
- ★ Obesity affects more than half of all adult African American women.
- ★ Diabetes is 60 percent more common in African American women than in Caucasian women.
- ★ Lupus, an autoimmune disease, is twice as common in African American women as it is in Caucasian women.
- ★ Both kidney disease and arthritis are more common in African American women than in Caucasian women.





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February



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Lincoln's Birthday

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Valentine's Day

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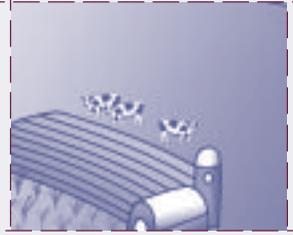
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Washington's Birthday

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Health for the Homefront...Understanding Breast Cancer



What It Is and How It Feels

Breast cancer is the most common cancer among women (other than skin cancer) and several studies show it's the disease women fear most. The American Cancer Society estimates that, in 2002, about 203,500 women in the U.S. will have been diagnosed with invasive breast cancer. The breast is made up of milk producing glands called lobules and tubes that carry milk to the nipple, called ducts. If cancer spreads outside the lobules or ducts into nearby tissues or the bloodstream it is considered to be invasive cancer and harder to treat.

The most common type of noninvasive breast cancer is called *ductal carcinoma in situ* (DCIS). With DCIS, cancer cells grow in the lining of the ducts, but have not spread to the other tissue of the breast. Almost 100 percent of women diagnosed at this early stage of cancer can be cured, but if left untreated, DCIS can progress and become invasive. Some women are diagnosed with a condition in the breast lobules called *lobular carcinoma in situ* (LCIS). LCIS is not a true cancer, and there is no evidence that it becomes an invasive cancer. Women with LCIS, however, have a higher risk of getting an invasive breast cancer in either breast, and should be monitored.

For information on screenings and tests that can help prevent and diagnose breast cancer, check the charts on pages 20-25 of this daybook, or go to www.healthierus.gov.

Most breast changes and lumps are not due to cancer, but it is best to be safe. **If you have early breast cancer, you will not feel pain, however, when the cancer grows, it can cause changes you should watch for, and if found, call your health care provider as soon as possible:**

- ★ A lump or thickening in or near the breast or in the underarm area.
- ★ A change in the size or shape of the breast.
- ★ Nipple discharge, tenderness, or pain, or the nipple pulled back (inverted) into the breast.
- ★ Ridges, dimpling, or pitting of the breast skin (looks like the skin of an orange).
- ★ A change in the way the skin of the breast, areola (the dark area around the nipple), or the nipple looks or feels, such as warm, swollen, red, or scaly.

Diagnosing Breast Cancer

When breast cancer is detected early, it can be easier to treat, often successfully. The following tests can help diagnose breast cancer:

Breast Self-Exam (BSE) — when you examine your own breasts on a regular basis, you will be able to feel any changes. The best time is right after your period.

Clinical Breast Exam — an exam by a professional health care provider to check your breast for any changes or problems, usually during your regular check-up or gynecological exam. Your health care provider will check your breasts in a similar way to your self-exam.

Mammograms — an x-ray picture of the breasts that can find breast cancer that is too small for you or your health care provider to feel. Screening mammograms are for women who have no symptoms of breast cancer. Diagnostic mammograms are for women who have symptoms of breast cancer or a breast lump. Digital mammography is

a new way of doing mammograms that records x-ray images on a computer, and the computer helps with the diagnosis.

Positron Emission Tomography (PET) Scans — are used in women who have already been diagnosed with breast cancer to find out if it may have spread to other parts of the body, or to see how they are responding to treatment.

Biopsy — a test in which a breast lump or a small piece of the lump is removed by surgery or a needle, and sent to a lab to look for cancer cells. When an entire tumor or lesion is removed, it is an excisional biopsy. When only a sample of tissue is removed, it is an incisional biopsy or core biopsy. When a sample of tissue or fluid is removed with a needle, it is a needle biopsy or fine-needle aspiration.

Estrogen and Progesterone Receptor Tests — If cancer is found, these tests may tell whether the hormones estrogen or progesterone affect the way the cancer grows, and give information about the chance of the tumor coming back. Then a choice can be made about whether hormone therapy can help stop the cancer from growing.

Treating Breast Cancer

If breast cancer is found early, your health care provider will ask you to undergo tests to find out if cancer cells have spread within the breast or to other parts of the body, a process called staging. Stages of breast cancer are Stage 0 (DCIS and LCIS, and are not invasive), and Stage I, II, III, or IV, which can be invasive. The more advanced the cancer is, the higher the stage. Which treatment is best, and your prognosis, depends on many things. Some of these include age, general health, if you are menopausal, the stage of the disease, if the tumor's growth is affected by hormones, and the likelihood that the cancer will grow or spread. Your treatment options may include the following:

Surgery — to remove the tumor from the breast, and often some lymph nodes (small collections of immune system cells) under the arm. The lymph nodes are examined to see if cancer has spread to this area. Breast-conserving surgery removes the cancer, but not the breast itself. Two types are lumpectomy (removing the tumor and a small amount of tissue around it, and maybe some lymph nodes under the arm) and partial mastectomy (removing the cancer, some tissue around the tumor, the lining of the chest muscles below the tumor, and some lymph nodes under the arm). Other types of surgeries include:

- ★ **total mastectomy** (removal of the whole breast, and maybe lymph nodes under the arm)
- ★ **modified radical mastectomy** (removal of the breast, many lymph nodes under the arm, the lining over the chest muscles, and maybe part of the chest wall muscles)
- ★ **radical mastectomy** (removal of the breast, chest muscles, and all lymph nodes under the arm)

Radiation Therapy — the use of x-rays or other types of radiation to kill cancer cells and shrink tumors, either with a machine (outside of the body) or by inserting materials that introduce radiation into the body.

Chemotherapy — the use of drugs to kill cancer cells, either taken by mouth or through a needle into a vein or muscle. The drugs go through the bloodstream, throughout the entire body.

Hormone Therapy — if a tumor's growth is affected by the hormones estrogen or progesterone, this therapy can block the way these hormones help the cancer grow. *Tamoxifen* is a hormone therapy drug given to patients with early stages of breast cancer and to those with cancer that has spread to other parts of the body (*metastatic breast cancer*). Studies have shown it is also effective in preventing a recurrence of the cancer.

Health for the Homefront...Understanding Lung and Respiratory Conditions

What They Are and How They Feel

The most common lung and respiratory problems that women face include:



Asthma — a disease in which the lung airways are inflamed (swollen) and react easily to certain triggers, like viruses, smoke, dust, mold, animal hair, roaches, or pollen. The inflamed airways get narrow and make it hard to breathe. You can have chest tightness, wheezing, shortness of breath, or a cough that never seems to go away or gets worse over time. More women than ever before are dying from asthma because more women have taken up smoking in the last 20 years.

Allergies — a response by the body's immune system to allergens or things we eat, breathe, or touch like pollen, foods, rubber, latex, insect bites, or some drugs. You can have a runny nose, sneezing, itching eyes or throat, or skin irritation. Nearly 50 million Americans suffer from allergies. Hormonal changes in the body, like those that occur with menopause, can worsen allergies for women.

Chronic obstructive pulmonary disease (COPD) — a term used to describe two closely related lung diseases, *emphysema* and *chronic bronchitis*. Frequently, people have these diseases together. Chronic bronchitis is an inflammation and eventual scarring of the lining of the bronchial tubes (tubes that make up the inside of the lungs). Females have higher rates of chronic bronchitis than males. Emphysema causes the walls between the air sacs within the lungs to become weakened and break, making it hard for you to feel like you get

enough air. While more men suffer from emphysema than women, the condition is increasing in women. Symptoms can include a cough that never seems to go away or that gets worse over time, increased mucus, a frequent need to clear your throat, shortness of breath, or a limited ability to exercise.

Lung cancer — when abnormal (malignant) cells divide without control in the tissues of the lung and also can invade nearby tissues or spread through the bloodstream and to other parts of the body. There are two types of lung cancer: *non-small cell lung cancer* (cancer cells form in the tissue of the lungs) and *small cell lung cancer* (usually found in people who smoke or who used to smoke cigarettes). In 1987, lung cancer surpassed breast cancer as the leading cause of cancer deaths among American women.

See your health care provider if you have any of these signs of lung cancer: a cough that doesn't go away or gets worse over time; constant chest pain; coughing up blood; hoarseness or wheezing; repeated problems with bronchitis or pneumonia; swelling of the neck and face; loss of appetite or weight loss; and unusual fatigue.

Diagnosing Lung and Respiratory Problems

Asthma — Asthma can be diagnosed with several tests, such as:

- ★ **Spirometry** — to measure how open your airways are.
- ★ **Chest x-ray** — to see the condition of your lungs.
- ★ **Electrocardiogram** — to see if heart disease is causing your symptoms.

Allergies — Skin testing is the most common way to diagnose allergies, and should be done by a doctor specialized in treating allergies (an allergist). Your doctor will prick your skin with a

very small amount of the allergen to see if there is a reaction. Skin testing usually is recommended if you are regularly exposed to an indoor allergen, or when your symptoms affect your quality of life. Blood tests to help figure out what you are allergic to may be done, instead of or along with a skin test. Sometimes allergies are tested by dropping a suspected allergen onto the lining of the lower eyelid. To see if you have allergies to certain foods or medications, your doctor will ask you to stop using the suspected items to see how you respond.

COPD — To diagnose COPD, your health care provider will ask you about your family and personal history, do a physical exam, and ask you to undergo some tests called pulmonary function tests. A series of these tests finds out: lung volume (amount of air in the lung); ability of air to move in and out of the lung; the rate of oxygen and carbon dioxide exchange; and blood levels of oxygen and carbon dioxide. Lung volumes are measured by breathing into and out of a device called a spirometer. Researchers are still looking for a way to predict a person's chances of developing airway problems because none of the current ways to diagnose COPD detect the disease before irreversible lung damage occurs.

Lung Cancer — To help find the cause of your symptoms, your health care provider will consider your medical history, smoking history, exposure to substances, and family history of cancer. You also will have a physical exam and maybe a chest x-ray and other tests. Your doctor might look into your bronchial tubes through a special instrument, a test called a bronchoscopy. This test allows the doctor to take a biopsy, or remove cells or tissue from the bronchi to see if there are cancer cells.



Treating Lung and Respiratory Problems

Asthma — Asthma cannot be cured, but it can be managed. To live with asthma successfully, it must become part of your daily lifestyle. You can often control asthma by taking any prescribed medicines that open the lung airways and treat inflammation. Types of asthma medicines include bronchodilators (to prevent asthma attacks and to stop attacks after they have started) and anti-inflammatories (to help control airway inflammation and prevent attacks). Common anti-inflammatory drugs are *cromolyn*, *nedocromil*, and *corticosteroids*. Anti-leukotrienes are oral medicines used to treat chronic asthma by fighting the inflammatory response to allergens. If you have asthma, it is important to stay away from triggers and see your health care provider regularly.

If you are pregnant, it is **very** important to manage your symptoms to prevent an attack. Asthma tends to worsen in the late second and early third trimesters, but some women may have fewer symptoms during the last four weeks of pregnancy. Uncontrolled asthma in pregnancy can cause a decrease in oxygen in your and your baby's blood, which can threaten your baby's growth and survival. Besides taking your medications and avoiding triggers, you can get a flu shot after the first three months of pregnancy, and exercise only moderately, under the supervision of your health care provider.

Allergies — Treatments vary with the severity of the allergy and the types of symptoms. They can include reducing exposure to the allergens, medications to reduce symptoms and inflammation, or a series of allergy shots (immunotherapy) to weaken the allergic response to specific allergens. The most commonly used medications include: antihistamines (which relieve or prevent symptoms of hay fever and other allergies); decongestants (to treat nasal congestion); anti-inflammatory agents; anti-leukotrienes; and bronchodilators. Both nasal sprays and eye drops can be used in people with symptoms not relieved by oral antihistamines alone.

Anaphylaxis (a life-threatening swelling of the throat and airways) requires treatment with a drug called *epinephrine*, which can be life saving when given by patients themselves soon after exposure. For people with true food allergies, it is very important to identify and avoid the allergens because these reactions can cause extreme illness and, in some cases, be fatal.

COPD — As COPD progresses, it is increasingly debilitating. At the very least, it causes shortness of breath that can require oxygen through a respirator. Treatments can include bronchodilators (drugs which open up air passages in the lungs), antibiotics, and exercise to strengthen muscles. Women with COPD also can undergo pulmonary rehabilitation, a program to help them

cope physically, psychologically, and socially with the disease. COPD also can be managed by eating well and avoiding pollutants that irritate the lungs. If you have these conditions, it is important not to smoke, and to get advice on how to quit from your health care provider. Lung transplants are now being done for some women with severe emphysema. Lung volume reduction surgery (a variety of surgeries that involve partial removal and resectioning of the lung) also is showing promise for some patients in the last stages of emphysema.

Lung Cancer — As with other types of cancer, lung cancer can be treated in various ways, including surgery, radiation, and chemotherapy. The kind of treatment, and the possibility of success, depend on the stage or extent of the cancer, and the patient's age and overall health condition. Most lung cancer is difficult to treat. The best way to fight lung cancer begins when you are young and well — by making the decision never to smoke.

Smoking is the cause of many lung and respiratory conditions, as well as other health problems. Lung cancer kills more women every year than breast cancer. Smoking also increases your risk for heart disease, heart attack, stroke, osteoporosis (thinning or weakening of your bones), and other cancers. It can also affect your ability to get pregnant, and increases your chances of having problems when you are pregnant, like premature or early birth and having a baby with low birth weight. It's best to never start smoking and if you do smoke, don't give up on quitting. Being smoke-free will help you to live longer with better health.

For information on screenings and tests that can help prevent and diagnose lung and respiratory problems, check the charts on pages 20-25 of this daybook, or go to www.healthierus.gov.

March

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"In the United States, the fact that you can start again gives a lot of energy and strength and youth to this country. That is why it's so powerful in many ways, and so creative."

Isabelle Allende

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Ash Wednesday

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St. Patrick's Day

First Day of Spring

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March Health Activities and Observances

From the **PICK YOUR PATH TO HEALTH CAMPAIGN** (described on page 6 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

Overweight and Obesity Personal Action Steps

Carry a water bottle with you every day and refill it at least three times.



Burn some of the calories you take in — exercise can help you lose weight.



Eat five to nine servings of fruits and vegetables a day. Dried fruits count!



Make a low-calorie shopping list.



Health Observances for March

National Colorectal Cancer Awareness Month

National Chronic Fatigue Syndrome
Awareness Month

National Eye Donor Month

National Kidney Month

National Nutrition Month

Hemophilia Awareness Month

Mental Retardation Awareness Month

Save Your Vision Month

National Poison Prevention Week (16-22)

National School Breakfast Week (3-7)

Pulmonary Rehabilitation Week (17-21)

National Sleep Awareness Week (31-April 6)

American Diabetes Alert Day (25)

Notes



Notes



Breastfeeding
Best for baby. Best for mom.

Two small photographs showing women breastfeeding their infants.

www.4woman.gov/breastfeeding

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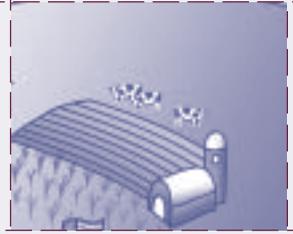
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First Day of Spring

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March



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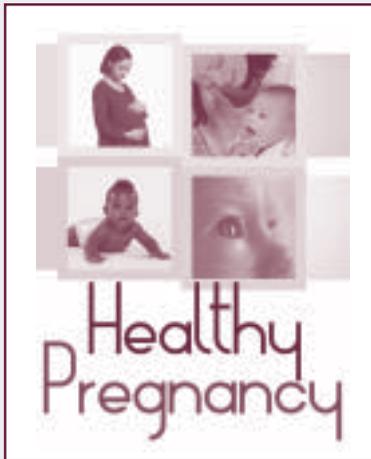


March



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Notes



www.4woman.gov/pregnancy

Health for the Homefront...Understanding Pregnancy

problem-free experience. However, you should be prepared to notice any changes in your body as your pregnancy blossoms.



What It Is

Pregnancy is a thrilling and unique time in our lives. While most women have perfectly healthy pregnancies with only minor discomforts, it never hurts to know the warning signs of conditions that can cause serious health problems for you and your baby. There is a range of different symptoms you can experience during and after pregnancy, from minor discomforts like nausea and leg cramps, to more severe problems like bleeding. Every woman and every pregnancy is different though, and some women even have a

Symptoms, Diagnosis and Treatment

The following chart lists some of the most common serious problems that you might face during or right after pregnancy. **If you have any of the symptoms on this chart, contact your health care provider right away to lower your risk of complications.** There are various specific tests done during the first trimester of pregnancy, and a few screenings later in pregnancy to help prevent these problems, or spot them early. Your health care provider will give you a schedule for visits, tests, and screenings. It is important to follow your health care provider's advice about treatment so you have a safe delivery and a strong, healthy baby.

During Pregnancy

Symptoms	Potential Problem/Diagnosis/Treatment
Slight, irregular vaginal bleeding that often is brownish; pain in the lower abdomen, often on one side, and can be followed by severe pelvic pain; shoulder pain; faintness or dizziness; nausea or vomiting.	<p>Potential Problem: <i>Ectopic pregnancy</i> (the fertilized egg implants outside of the uterus, usually in the fallopian tube).</p> <p>How Diagnosed: Blood tests; vaginal or abdominal ultrasound exam (screening that uses high-frequency sound waves to form pictures of the fetus on a computer screen); laparoscopy (surgery to view the abdominal organs directly with a viewing instrument).</p> <p>Treatment: Because the embryo of an ectopic pregnancy cannot survive, it is removed surgically; or the woman is treated with a cancer drug, <i>methotrexate</i>, which dissolves the pregnancy.</p>
Extreme thirst, hunger, or fatigue (but usually no symptoms). Also, a blood sugar value of 140 mg/DL or greater on a diabetes test.	<p>Potential Problem: <i>Gestational diabetes</i> (a form of diabetes that usually occurs in the second half of pregnancy).</p> <p>How Diagnosed: Blood test one hour after drinking a glucose (form of sugar) drink.</p> <p>Treatment: Most women can control their blood sugar levels with diet and exercise. Some women with gestational diabetes or women who had diabetes before pregnancy need shots of insulin to keep blood sugar levels under control.</p>
Flu-like symptoms like mild fever, headache, muscle aches and tiredness; loss of appetite, nausea, vomiting and diarrhea; dark-colored urine and pale bowel movements; stomach pain; skin and whites of eyes turning yellow (<i>jaundice</i>); liver problems. Also often no symptoms.	<p>Potential Problem: <i>Hepatitis B</i> (can be passed on to the baby).</p> <p>How Diagnosed: Blood test.</p> <p>Treatment: Within 12 hours of birth, your baby will need a shot called HBIG, along with the first Hepatitis B shot.</p>

During Pregnancy

Symptoms	Potential Problem/Diagnosis/Treatment
<p>Often no symptoms, but can include: small blisters or warts in the genital area; fever; fatigue; aches and pains; vaginal discharge (yellowish, bloody, green, gray, or thick and white like cottage cheese, or with a strong odor); burning or pain when urinating; itching around genital area; itching or burning in vagina; pain in legs or buttocks; pain during sex; frequent yeast infections; skin rash.</p>	<p>Potential Problem: HIV or other <i>sexually transmitted diseases</i> (can be passed on to the baby).</p> <p>How Diagnosed: Blood test. Physical exam to look for symptoms in the throat, anus, or genital area. Visual exam to inspect skin for rashes, growths or sores, especially the area around the genitals. Pelvic exam to look at the inside of the vagina (birth canal) and cervix (opening to the uterus, or womb) and to feel internal organs for any inflammation or growths. Taking a sample of fluid or tissue from the vaginal, anal or genital area to look for the presence of virus.</p> <p>Treatment: Antiviral drugs; possible cesarean delivery.</p>
<p>Flu-like illness with fever, muscle aches, chills, and sometimes diarrhea or nausea that can progress to severe headache and stiff neck.</p>	<p>Potential Problem: <i>Listeriosis</i> (infection from the bacterium <i>listeria monocytogenes</i>, which can be found in soft cheeses and ready-to-eat deli meats).</p> <p>How Diagnosed: Blood test.</p> <p>Treatment: Antibiotics (often prevent infection in the baby).</p>
<p>Mild flu-like symptoms, or possibly no symptoms.</p>	<p>Potential Problem: <i>Toxoplasmosis</i> (parasitic infection that can be passed on to the baby, which can be contracted from cat feces or soil, or from eating raw or undercooked meat that contains the parasite).</p> <p>How Diagnosed: Blood test. If the mother is infected, the fetus can be tested through amniocentesis (a test on the fluid around the baby, to diagnose certain birth defects) and ultrasound.</p> <p>Treatment: If fetus not yet infected, mother can be given an antibiotic, <i>spiramycin</i> (to help reduce severity of symptoms in the newborn). If the fetus is suspected of being infected, the mother can be given two medications, <i>pyrimethamine</i> and <i>sulfadiazine</i>. Infected babies are treated at birth and through the first year of life with these medications.</p>
<p>Pain or burning when urinating; pain in lower pelvis, lower back, stomach or side; shaking, chills; fever; sweats; nausea, vomiting; frequent or uncontrollable urge to urinate; strong-smelling urine; change in amount of urine; blood or pus in urine; pain during sex.</p>	<p>Potential Problem: Urinary tract infection (if left untreated, can travel to kidneys, which can cause premature, or early, labor).</p> <p>How Diagnosed: Urine test.</p> <p>Treatment: Antibiotics, usually 3 to 7 day course of <i>amoxicillin</i>, <i>nitrofurantoin</i>, or <i>cephalosporin</i>.</p>
<p>Painless vaginal bleeding during the second or third trimester. In many cases, no symptoms.</p>	<p>Potential Problem: Placenta previa (the placenta, or the temporary organ joining the mother and fetus, covers part or all of the cervix and can cause severe bleeding usually toward the end of the second trimester or later).</p> <p>How Diagnosed: An ultrasound exam.</p> <p>Treatment: If diagnosed after the 20th week of pregnancy, but with no bleeding, requires to cut back on activity level and increase bed rest. If bleeding is heavy, requires hospitalization until mother and baby are stable. If the bleeding stops or is light, requires continued bed rest until baby is ready for delivery. If bleeding doesn't stop or if pre-term labor starts, baby will be delivered by cesarean.</p>

During Pregnancy

Symptoms	Potential Problem/Diagnosis/Treatment
<p>Vaginal bleeding during the second half of pregnancy; cramping, abdominal pain, and uterine tenderness.</p>	<p>Potential Problem: <i>Placental abruption</i> (a condition in which the placenta separates from the uterine wall before delivery, depriving the fetus of oxygen).</p> <p>How Diagnosed: An ultrasound exam.</p> <p>Treatment: When the separation is minor, bed rest for a few days usually stops the bleeding. Moderate cases may require complete bed rest. Severe cases (when more than half of the placenta separates) can require immediate medical attention and delivery of the baby.</p>
<p>Fetus stops moving around and kicking. If, after 26 weeks of pregnancy, you count fewer than 10 kicks in a day, or if the baby is moving a lot less than usual, see your health care provider right away.</p>	<p>Potential Problem: Baby possibly in distress, potential risk of stillbirth.</p> <p>How Diagnosed: A nonstress test (NST) (measures the response of the baby's heart rate to each movement the baby makes as reported by mother or seen by a health care provider on an ultrasound screen); contraction stress test (usually ordered if the nonstress test shows a problem — stimulates the uterus to contract with the drug pitocin to look at the effect of contractions on the baby's heart rate); biophysical profile (BPP) (a combination of the NST and an exam of the baby's breathing, body movement, muscle tone, and amount of amniotic fluid).</p> <p>Treatment: Treatment depends on results of tests. If a test suggests a problem, this does not always mean the baby is in trouble. It may only mean that the mother needs special care until the baby is delivered. This can include a wide variety of things (such as bed rest and further monitoring) depending on the mother's condition.</p>
<p>High blood pressure (usually around 140/90); protein in the urine; swelling of the hands and face; sudden weight gain (1 pound a day or more); blurred vision; severe headaches, dizziness; intense stomach pain.</p>	<p>Potential Problem: Pregnancy-related high blood pressure (<i>pre-eclampsia</i>, also called <i>toxemia</i>). Usually occurs after about 30 weeks of pregnancy.</p> <p>How Diagnosed: Blood pressure test; urine test; evaluation by a health care provider.</p> <p>Treatment: The only cure is delivery, which may not be best for the baby. Labor will probably be induced if condition is mild and woman is near term (37 to 40 weeks of pregnancy). If a woman is not yet ready for labor, her provider may monitor her and her baby closely. May require bed rest at home or in hospital, until blood pressure stabilizes or until delivery.</p>
<p>Contractions, either painful or painless, anytime during pregnancy, that occur more than four times an hour, or are less than 15 minutes apart; menstrual like cramps that come and go; abdominal cramps with or without diarrhea; dull backache that may radiate around to the abdomen; increase in or change in color in vaginal discharge; constant or intermittent pelvic pressure.</p>	<p>Potential Problem: Early or pre-term labor (labor occurring after 20 weeks, but before 37 completed weeks of pregnancy).</p> <p>How Diagnosed: Monitoring of uterine contractions by wearing an elastic belt around waist that holds a transducer or small pressure-sensitive recorder. Can be worn at the health care provider's office, hospital, or home.</p> <p>Treatment: Lie down with feet elevated; drink 2 or 3 glasses of water or juice. If symptoms do not subside within one hour, contact health care provider. May require medications called tocolytics or <i>magnesium sulfate</i> to stop contractions.</p>

After Pregnancy

Symptoms	Potential Problem/Diagnosis/Treatment
Intense feelings of sadness, guilt, despair, helplessness, anxiety, irritability, which may disrupt your ability to function; appetite changes; thoughts of self-harm or harming your baby; "baby blues" haven't gone away after 2 weeks.	<p>Potential Problem: <i>Post-partum depression</i> (a serious kind of depression that needs medical attention and treatment).</p> <p>How Diagnosed: Evaluation by a health care provider.</p> <p>Treatment: Can be successfully treated in most cases with antidepressant medication, psychotherapy, participation in a support group, or a combination of these treatments.</p>
Soreness or a lump in the breast accompanied by a fever and/or flu-like symptoms; possibly nausea and vomiting; yellowish discharge from the nipple; breasts feel warm or hot to the touch; pus or blood in the milk; red streaks near the area; symptoms could come on severely and suddenly.	<p>Potential Problem: Breast infection (<i>mastitis</i>).</p> <p>How Diagnosed: Evaluation by a health care provider.</p> <p>Treatment: If symptoms are not relieved within 24 hours of the following steps, see a health care provider (you may need an antibiotic). Relieve soreness by applying heat (heating pad or small hot-water bottle) to the sore area. Massage the area, starting behind the sore spot. Use your fingers in a circular motion and massage toward the nipple. Breastfeed often on the affected side. Rest. Wear a well-fitting supportive bra that is not too tight.</p>

Problems Without Symptoms



Some health problems you might experience during pregnancy do not have symptoms. One of these is *Group B Streptococcus* (GBS) infection. GBS is a common infection that rarely makes adults sick. The bacterium lives in the gastrointestinal system, along with many other harmless bacteria. Between 10 to 30 percent of pregnant women carry GBS in their vagina and rectums. But, if GBS is passed to the baby during delivery, it can cause serious health problems in your newborn, such as pneumonia, blood infection, or infection of the tissues around the brain. Because there are no symptoms of GBS, you will be tested by your health care provider at 35 to 37 weeks of pregnancy. The simple test involves swabbing the vagina and rectum for a sample of cells that are sent to a lab to look for GBS. If you are infected, you will be treated with intravenous antibiotics during labor and delivery to make sure the baby is protected.

Another problem is *anemia*, or having below-normal levels of iron in the blood. Iron is needed to fuel

hemoglobin (a type of protein in red blood cells that helps take oxygen to body tissues for energy and growth) production for you and your baby. Iron also helps build bones and teeth. Most women do not have symptoms of anemia, but some might have extreme fatigue. Your health care provider will check for signs of anemia through the routine blood tests that are taken in different stages of your pregnancy. If you have anemia, you will be given iron supplements to take once or twice a day. Help prevent anemia by eating more iron-rich foods, like potatoes, raisins, broccoli, leafy green vegetables, whole-grain breads and iron-fortified cereals.

For more information on how to have a healthy pregnancy, visit NWHIC's Healthy Pregnancy page at www.4woman.gov/Pregnancy. For more information on the importance of breastfeeding and how to make it a wonderful experience, visit NWHIC's Breastfeeding page at www.4woman.gov/Breastfeeding.

Cervical and Uterine Conditions



What They Are and How They Feel

The cervix is the opening of the uterus or womb (where a baby grows) and connects the uterus to the vagina (the birth canal).

The most difficult problems a woman can have with her cervix are:

- ★ **Dysplasia** — abnormal cells on the surface of the cervix, which cause no symptoms but can lead to cancer.
- ★ **Cancer of the cervix** — a common kind of cancer in women, which usually grows slowly over a period of time, and can spread more deeply into the cervix and to surrounding areas. Each year, about 15,000 American women learn that they have this type of cancer. It occurs most often in women over age 40. Symptoms can include: vaginal bleeding; unusual vaginal discharge; pelvic pain; and pain during sex.

Some of the most common problems a woman can have with her uterus include:

- ★ **Uterine fibroids** — smooth muscle growths within the wall of the uterus that range in size from a tiny 1 millimeter to more than 8 inches in width. They almost never develop into cancer, and do not increase a woman's risk for uterine cancer. One out of every four or five women over the age of 35 has uterine fibroids. Symptoms can include: excessive or painful bleeding during menstruation; abnormal bleeding or discharge between periods; a feeling of fullness in the lower abdomen; difficult, painful, or frequent urination; pain during sex; low back pain; infertility or miscarriage; or constipation.

- ★ **Endometriosis** — a condition where, endometrial, or uterine, tissue grows outside the uterus, usually inside the abdominal cavity, but acts as if it were inside the uterus by shedding blood monthly. This causes the tissue around it to become inflamed or swollen, which can cause scar tissue and lesions or growths, as well as a lot of pain. About 10 to 15 percent of American women of childbearing age have endometriosis. Symptoms can include: painful menstrual cramps; intestinal or stomach pain; and pain during sex.
- ★ **Cancer of the uterus** — the most common cancer of the female reproductive system. There are two kinds of cancer of the uterus, the more common *endometrial cancer* (cancer of the lining of the uterus) and *uterine cancer* (sometimes called *sarcoma* of the uterus), a rare cancer of the muscle of the uterus. Symptoms can include: abnormal bleeding or discharge between periods; pain during sex; difficult or painful urination; and pelvic pain.

Diagnosing Cervical and Uterine Problems

Having regular pelvic exams and Pap tests are the best ways to find problems with both your cervix and uterus early so they can be treated early, before they become serious.

Abnormal Cells and Cervical Cancer

The following tests can be used to detect both cancer and pre-cancerous lesions in the cervix:

- ★ **Pap test** — quick and easy, this test looks for abnormal cells. A piece of cotton, a brush, or a small wooden stick is used to gently scrape the outside of the cervix to pick up some cells that can be looked at under a microscope. If the test results are abnormal, your health care provider may repeat the test. Since some cell changes tend to go back to normal on their own, some providers choose to wait and repeat the test every four to six months. If the test results still are abnormal, more tests might be necessary.

- ★ **Colposcopy** — an exam that uses a binocular type device to look more closely at the cells of the cervix, and helps your doctor see where the abnormal, pre-cancerous areas are.
- ★ **Schiller test** — another test to help identify abnormal cells. This involves coating the cervix with an iodine solution. Healthy cells turn brown and abnormal cells turn white or yellow.
- ★ **Cervical Biopsy** — removing a small amount of cervical tissue to look at under a microscope. Can be done during a colposcopy if abnormal areas are seen. This is the only sure way to know whether abnormal cells are cancerous.

Fibroids

Fibroids are diagnosed with a simple pelvic exam, or an ultrasound (an exam using sound waves to project an image of the uterus on a screen). You might need a hysteroscopy, a minor surgery in which a small, lighted telescope is inserted through your vagina into your uterus for a better view.

Endometriosis

Diagnosis of endometriosis involves a doctor evaluating your medical history, a physical exam, a pelvic exam, and a laparoscopy, a minor surgery in which a tube with a light in it is inserted into a small incision in the abdomen. This lets the doctor check the abdominal organs, see the growths, and their locations and size.

Cancer of the Uterus

If you have symptoms of uterine cancer, your doctor might order blood and urine tests, and may do one or more of the following tests: pelvic exam, Pap test, ultrasound, or biopsy. In some cases, a D&C (dilation and curettage), a surgery that removes uterine tissue to look for cancer cells or other conditions, also is necessary.

Treating Cervical and Uterine Problems

Abnormal Cells and Cervical Cancer

Treatments for cervical cancer depend on the stage of disease, the size of the tumor, age, overall physical condition, and desire to have children. Treatment during pregnancy can be delayed, depending on

the stage of the cancer and how many months of pregnancy remain. Treatment for women with cervical cancer includes surgery (to remove the cancer), radiation therapy (using high-dose x-rays or other high-energy rays to kill cancer cells), and chemotherapy (using drugs to kill cancer cells). Five major studies have shown that one particular drug — *cisplatin* — plus radiation therapy prolongs survival in serious cases of cervical cancer.

Fibroids

Until recently, hysterectomy (removal of the uterus) was the standard treatment for a woman with growing uterine fibroids. But hysterectomy in a woman of childbearing age means that she will no longer be able to have children. If you are considering this surgery you should thoroughly discuss the pros and cons with your doctors. Another option is myomectomy, a surgery that removes only the fibroids, but leaves the uterus intact, but fibroids can return about 10 percent of the time. One recently developed treatment is called uterine artery embolization. This blocks the flow of blood to the fibroids, causing them to shrink.

Endometriosis and Cancer of the Uterus

If you have endometriosis, your doctor might suggest hormone suppression treatment with a drug that shuts off ovulation. Women on this therapy will not be able to get pregnant, but can get pregnant later. Severe cases of endometriosis may require surgery. Surgery also is the most common treatment for cancer of the uterus. As with other cancers, the choice for treatment depends on the stage of the disease, the size of the tumor, whether hormones affect the tumor's growth, and how fast the cancer is likely to grow. Some women with uterine cancer have radiation therapy or hormonal therapy, or a combination of both.

For more information on screening tests that can help prevent cervical and uterine problems, see the screening charts on pages 20-25 of this daybook. You also may want to read the *Vaginitis and Sexually Transmitted Diseases* chapter, and the *Ovarian Cysts and Ovarian Cancer* chapter.

April

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
Daylight Savings Time begins						
13	14	15	16	17	18	19
Palm Sunday			Passover begins at sundown	Passover	Good Friday	
20	21	22	23	24	25	26
Easter						
27	28	29	30	<i>"This is a dream as old as America itself: give me a piece of land to call my own, a little town where everybody knows my name." Faith Popcorn</i>		

April Health Activities and Observances

From the **PICK YOUR PATH TO HEALTH CAMPAIGN** (described on page 6 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

Alcohol Use: Know your limits Personal Action Steps

Resist the pressure to serve alcohol. Host an alcohol-free party.



Volunteer to be the designated driver.



Don't get in a car if the driver has been drinking alcohol, no matter who they are.



If you may be pregnant, don't drink.
Alcohol can harm your baby even before you know you're pregnant.



Health Observances for April

National STD Awareness Month

National Child Abuse Prevention Month

Irritable Bowel Syndrome Awareness Month

Alcohol Awareness Month

Women's Eye Health and Safety Month

National Occupational Therapy Month

Cancer Control Month

Sexual Assault Awareness Month

National Public Health Week (7-13)

National Infants Immunization Week (13-19)

National Minority Cancer Awareness Week (20-26)

National Organ and Tissue Donor
Awareness Week(20-26)

Notes



April



Tue

1

Wed

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Thu

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Fri

4

Sat

5

Sun

6

Daylight Savings Time begins



April

Mon

7

Tue

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Wed

9

Thu

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Fri

11

Sat

12

Sun

13

Palm Sunday

April



Mon

14

Tue

15

Wed

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Passover begins at sundown

Thu

17

Passover

Fri

18

Good Friday

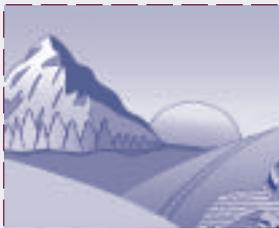
Sat

19

Sun

20

Easter



April

Mon
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Health for the Homefront... Understanding Vaginitis and Sexually Transmitted Diseases



What They Are and How They Feel

No one likes to talk about vaginal itching and infections but nearly all women experience these symptoms at some point in their lives. Vaginal irritation (*vaginitis*), while usually not serious, is one of the most common reasons women seek health care and should be treated by a health care provider. Three infections cause vaginitis: *candidiasis* (a yeast infection); *bacterial vaginosis*, or *BV* (occurs when normal bacteria in the vagina get out of balance); and *trichomoniasis* (a sexually transmitted disease, or STD).

STDs can be the biggest threat to your health. Once called *venereal diseases*, STDs are infections or diseases that you get by having sexual contact (vaginal, oral, or anal) with someone who already has an STD. Caused by a number of bacteria and viruses, more than 20 STDs affect both women and men, but health problems resulting from STDs tend to be more severe and more frequent in women. Not getting treated early can cause *infertility* (not being able to get pregnant) or pass the STD to a baby before, during, and right after birth. Some STDs can also cause life long damage or death in a baby. If caught early, most STDs can be cured. Some STDs never go away, however, and need to be medically managed by a health care provider. If not treated, some STDs can actually threaten your life.

Women, more often than men, have no symptoms with STDs. Sometimes it also can take some length of time between infection and having symptoms, depending on the specific STD, such as with *human immunodeficiency virus* (HIV). But, even if you have no symptoms, you can still pass the infection on to another person. Talk with your health care provider about screening for STDs, especially if you have

more than one sexual partner, and be seen right away if you have any of the following symptoms: burning or pain when urinating; itching, burning, or pain in the vagina, genital area, or buttocks; small red bumps, warts, blisters or open sores on the penis, vagina, or areas close by; pain during sex; vaginal discharge that is cottage-cheesy looking, white, gray, yellow, green, or with a “fishy” odor; heavy bleeding with or between menstrual periods; stomach pain or lower abdominal pain; dark colored urine with pale bowel movements; skin and whites of eyes turning yellow (*jaundice*); and frequent vaginal yeast infections or yeast infections in the mouth.

Diagnosing Vaginitis and STDs

The only way to be sure you have vaginitis or an STD is to see your health care provider for testing. You might be asked to take some of these exams:

- ★ **physical exam** — to inspect your skin for rashes, inflammation, growths or sores, especially around the genitals.
- ★ **pelvic exam** — to look at the inside of your vagina (birth canal) and cervix (opening to the uterus, or womb) and to feel for any inflammation or growths on the uterus (womb), ovaries (organs that produce eggs), and fallopian tubes (tubes that carry eggs from the ovaries to the uterus).
- ★ **lab tests** — to take samples of blood, fluid, cells, or tissue to look for bacteria or viruses that cause STDs. Most of these tests are quick, causing little discomfort.

Treating Vaginitis and STDs

The following chart lists the treatments for vaginitis and specific STDs. Your health care provider will determine the best treatment for you, based on your personal health history and your symptoms. Be sure to tell all of your sex partners if you are diagnosed with an STD. Remember: most STDs can be cured, but you can get them again, especially if your partner is not treated.

For more information on screening tests that can help identify vaginitis and STDs, see the screening charts on pages 20-25 of this daybook.

STD/Vaginal Infection	Treatment
Chlamydia	Antibiotics. Most commonly used are <i>azithromycin</i> or <i>doxycycline</i> . <i>Erythromycin</i> can be used during pregnancy.
Bacterial vaginosis (BV)	Antimicrobial medicines, such as <i>metronidazole</i> or <i>clindamycin</i> .
Gonorrhea	Antibiotics, such as <i>ceftriaxone</i> or <i>spectinomycin</i> . Many people who have gonorrhea also have another STD called <i>chlamydia</i> , for which <i>doxycycline</i> is given along with ceftriaxone. Doxycycline isn't safe for use during pregnancy.
Hepatitis (Types A, B, C, D) — Each type is caused by a different hepatitis virus.	<i>Hepatitis A</i> — only bed rest or medicine for nausea and diarrhea. There is a vaccine to prevent hepatitis A. <i>Hepatitis B</i> — two drugs: <i>interferon</i> (by injection) and <i>lamivudine</i> (by mouth). Because hepatitis B can cause the liver to stop working over time, some people need a transplant. There is a vaccine to prevent hepatitis B. <i>Hepatitis C & D</i> — interferon and other special drugs. There is no vaccine for hepatitis C. The hepatitis B vaccine protects you from hepatitis D.
HIV	No cure, but main goal is to stop the virus from making copies of itself and increasing its numbers in the body. Drugs approved for treatment: <ul style="list-style-type: none"> • Nucleoside reverse transcriptase, or RT inhibitors, which include <i>zidovudine</i> (AZT), <i>zalcitabine</i> (ddC), <i>dideoxyinosine</i> (ddl), <i>stavudine</i> (d4T) and <i>lamivudine</i> (3TC). May slow the spread of HIV in the body and delay the onset of other infections. • Protease inhibitors, which include <i>ritonavir</i> (Norvir), <i>saquinavir</i> (Invirase), <i>indinavir</i> (Crixivan), <i>amprenavir</i> (Agenerase), <i>nelfinavir</i> (Viracept), and <i>lopinavir</i> (Kaletra). Stops HIV from making copies of itself. • Highly active antiretroviral therapy (HAART) — lowers the amount of virus in the blood to levels so low that it is hard to detect with a blood test.
Human Papillomavirus (HPV)/Genital warts	Warts often go away without treatment, but HPV is a life long infection. Treatments for warts include: <i>imiquimod</i> cream, <i>podophyllin</i> and <i>podofilox</i> solutions (not safe during pregnancy), <i>5-fluorouracil</i> cream (not safe during pregnancy), <i>trichloroacetic acid</i> (TCA). Small warts sometimes removed by freezing (cryosurgery), burning (electrocautery), or laser treatment. Large warts might need surgery. If warts return after treatment, the antiviral drug <i>alpha interferon</i> can be injected directly into the warts (not safe during pregnancy).
Trichomoniasis	Antibiotics or the drug, <i>metronidazole</i> (Flagyl). In men, symptoms can go away within a few weeks with no treatment, but if not treated he can still pass on the disease. Both sexual partners need treatment at the same time to get rid of the disease.
Genital Herpes	No cure. You have the virus for life and can have outbreaks, which medicine can help shorten and prevent. Most commonly used are antiviral drugs such as <i>acyclovir</i> and <i>valacyclovir</i> .
Syphilis	Can be cured with <i>penicillin</i> or other antibiotics in early stages. If the disease progresses to late stage, damage already done to body organs cannot be reversed.
Yeast infection	Antifungal drugs, such as <i>clotrimazole</i> or <i>miconazole</i> . These drugs come in creams and tablets used in the vagina, skin ointments, and pills. You can buy these drugs over-the-counter, but it's best to see a health care provider to be sure you have a yeast infection.

Ovarian Cysts and Ovarian Cancer



What They Are and How They Feel

Ovarian Cysts

Your ovaries, which are part of your reproductive system, produce your eggs. Each month, through the process called ovulation, the ovaries release eggs into the fallopian tubes, where they travel to your uterus, or womb. If an egg is fertilized by a man's sperm, you become pregnant and the egg grows and develops inside your uterus. If the egg is not fertilized, the egg and the lining of your uterus is shed during your menstrual period. Sometimes, though, the ovaries can fail to release eggs into the fallopian tubes, causing cysts to form on your ovaries. You can develop one cyst or many cysts, and they can vary in size from as small as a pea to as big as a grapefruit. Ovarian cysts that occur during the childbearing years are rarely cancerous. But when you are past menopause, your chances of having an ovarian cyst that is cancerous increase. When found early, problems caused by ovarian cysts can be treated more easily. This is why it is so important for you to see your health care provider when you have any symptoms of ovarian cysts. The different types of ovarian cysts and their symptoms include:

★ **Functional cysts** — are completely normal and form during ovulation. Sometimes called *follicular cysts*, these usually disappear during or after your period, before another menstrual cycle begins. If not, they usually shrink and go away in about one to three months. Most of the time, these cysts do not cause symptoms. Sometimes, though, a cyst will

swell large enough to cause pressure, fullness, or pain in the abdomen. They also might put pressure on the urinary tract and cause problems with urine flow, or pain during sex. Some women might have nausea, vomiting or breast tenderness, like that felt during pregnancy. If you are past menopause and not getting periods any more, you can't get this type of cyst.

- ★ **Endometriomas** — develop in women who have *endometriosis*, a condition where the tissue that lines the uterus or womb (called endometrial tissue) starts growing outside of the uterus, on the fallopian tubes, the ovaries, and other organs. As the tissue grows, it can develop into cysts, which are sometimes filled with a thick, brown blood (called a chocolate cyst). Because endometrial, or uterine, tissue bleeds monthly, it can form a growing cyst on the ovary, which can be painful during sex and your periods, or cause abnormal bleeding.
- ★ **Benign cystic tumors** (cystadenomas) — non-cancerous growths that develop from cells on the outer surface of the ovary. It is possible for them to grow very large, twist the ovary, fill with blood, or rupture, which can cause internal bleeding, and severe abdominal pain.
- ★ **Dermoid cysts** — a type of benign cyst that can be filled with hair or pieces of bone because they form from the cells that produce human eggs. These cysts are most often harmless and small, causing no symptoms. But, they can become large and uncomfortable, so they should be removed.
- ★ **Multiple cysts** — when the ovaries become enlarged with many small cysts inside, due to irregular ovulation (not ovulating every month). This can be caused by a condition called *polycystic ovary syndrome* (PCOS). Symptoms of PCOS include irregular menstrual periods, infertility, and increased body hair.

Ovarian Cancer

There is no known cause for cancer of the ovary, although recent studies suggest that women who take estrogen therapy for menopausal symptoms or women who have had no children might be at higher risk for this disease. Ovarian cancer can be hard to diagnose because there usually are no symptoms. When symptoms do appear, it is usually late in the stage of the disease, and they are very similar to those of other conditions. Symptoms can be vague and feel like gastrointestinal discomfort (indigestion, abdominal swelling or bloating), general abdominal discomfort or a sense of heaviness, inability to digest usual amounts of food (or lack of appetite), or nausea and vomiting. Some women might have urinary frequency, a weight gain or loss, or abnormal bleeding or periods. Never wait to get any of these symptoms checked out by a health care provider. If your provider can't find any reason for your symptoms, you might want to see another doctor who specializes in women's cancers, such as a gynecologist-oncologist.

Diagnosing Ovarian Cysts and Ovarian Cancer

Ovarian Cysts

Ovarian cysts usually are found during routine pelvic exams. During the exam, your health care provider can feel the swelling of the cyst on your ovary. Once a cyst is found, you may need a pelvic ultrasound, or a screening to see if the cyst is hollow or solid, to find out its size and exact location, and to see if it contains fluid or abnormal structures that help show its type. A blood test for pregnancy may be ordered to rule out pregnancy. Other blood tests may also be done to check for abnormal levels of hormones, such as follicle stimulating hormone (FSH), luteinizing hormone (LH), and pregnanediol.

Ovarian Cancer

Unfortunately, most ovarian cancers are diagnosed when they have already spread to other organs and are difficult to treat. A physical exam may reveal fluid in the abdominal cavity, and a pelvic exam may reveal an ovarian or abdominal mass. Your health care provider also might order the following tests:

- ★ **Blood tests** (like the ones described for ovarian cysts).
- ★ **CA-125 blood test** (measures the CA-125 protein in your blood, which becomes higher when you have ovarian cancer; it's important to know, though, that CA-125 levels can also rise due to other types of non-cancerous diseases and that some ovarian cancers don't cause CA-125 levels to rise enough to detect a problem).
- ★ **Pelvic ultrasound** (to distinguish fluid-filled cysts from a solid tumor).
- ★ **CT scan or MRI of the abdomen** (x-ray images of the tissues).
- ★ **GI series or barium enema** (to see the bowel on x-ray to detect abnormal areas that may be caused by ovarian cancer).
- ★ **Intravenous pyelogram, or IVP** (x-ray pictures of the kidneys, bladder, and ureters, or tubes carrying urine from the kidneys to the bladder to look for any signs of pressure on these organs caused by ovarian tumors).

But, the only sure way to diagnose ovarian cancer is through microscopic exam of abnormal looking fluid or tissue. Sometimes fluid can be obtained through a needle, but usually a woman needs an exploratory surgery, either laparoscopy or laparotomy. Laparoscopy allows a doctor to look closely at all of your reproductive organs. Under general anesthesia, a very small incision is made above or below the navel, and a small instrument that acts like a telescope is inserted into the abdomen. Laparotomy involves making a bigger incision in the

stomach to remove the suspicious mass. During this surgery, the doctor is able to have the mass tested to find out if it is cancerous.

Treating Ovarian Cysts and Ovarian Cancer

Ovarian Cysts

If you have a cyst, your health care provider may decide to wait and see if it will shrink on its own in a few months. If you frequently develop cysts, your health care provider might prescribe birth control pills to prevent you from ovulating and forming new cysts. If the cyst does not go away after several menstrual periods, if it has gotten larger or more painful, or it does not appear to be a functional cyst, your health care provider may want to remove the cyst by laparoscopy or laparotomy (if the cyst is too large to remove during laparoscopy).

Ovarian Cancer

If your doctor discovers ovarian cancer during a laparoscopy or laparotomy, he or she can remove it, as well as other tissue that could

be affected, like the ovary, fallopian tubes, uterus, or lymph nodes. Other tissues also can be sampled and studied to find out if and where the tumor has spread. After surgery, additional treatment depends on several things, such as the cell type of the cancer, how far it has spread, and if there is any of the tumor remaining that couldn't be removed. Chemotherapy is the most frequently used therapy, but your doctor might consider radiation therapy as well. If the cancer has been caught early, before it has spread to other parts of the body, a woman has a better chance of survival. This is why it is so important to check with your provider at the first sign of unusual symptoms.

For more information on screening tests that can help identify ovarian cysts or cancer, see the screening charts on pages 20-25 of this daybook.



“By increasing awareness of ovarian cancer and its causes, we can better prepare women who face the threat of this illness. I commend the strength and courage of the women who persevere in the face of this serious illness.”

George W. Bush

May

SUN	MON	TUE	WED	THU	FRI	SAT
<i>"I don't know exactly why the notion of homeownership has such a grasp on the American imagination. Perhaps as descendants of landless immigrants we turn our plots into symbols of stability."</i> Ellen Goodman				1 May Day	2	3
4	5 Cinco de Mayo	6	7	8	9	10
11	12	13	14	15	16	17
★ Celebrate National Women's Health Week (May 11-17) ★ Get a check-up!						
Mother's Day						Armed Forces Day
18	19	20	21	22	23	24
25	26	27	28	29	30	31
	Memorial Day					

May Health Activities and Observances

From the **PICK YOUR PATH TO HEALTH CAMPAIGN** (described on page 6 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

***Mental Health: Lower your stress.
Improve your health.***

Personal Action Steps:

Have one good belly laugh today.



Take 15 minutes for yourself each day.



If you're feeling overwhelmed, ask for help.



Don't be afraid to seek counseling.

Health Observances for May

National Women's Health Week (11-17)

National Osteoporosis Prevention Month

National Arthritis Month

National Digestive Diseases
Awareness Month

National High Blood Pressure
Education Month

National Stroke Awareness Month

National Teen Pregnancy Prevention Month

National Melanoma/Skin Cancer Detection
and Prevention Month

Mental Health Month

Asthma and Allergy Awareness Month

Better Hearing and Speech Month

Hepatitis Awareness Month

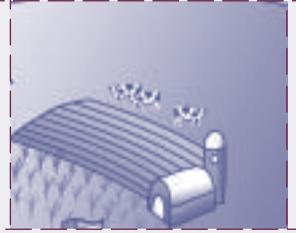


May is Asian and Pacific Islander Women's Health Month

Important health issues of special concern to Asian and Pacific Islander women:

- ★ There are high rates of tuberculosis among Cambodian, Vietnamese, Chinese, Laotian, Korean, Indian, and Phillipina women.
- ★ Hepatitis B rates are high among Samoan, Cambodian, Laotian, Vietnamese and Chinese women.
- ★ Cancer rates are 5 times higher in Vietnamese women than in Caucasian women.
- ★ Native Hawaiian women have the highest death rates from breast cancer of all American women. Chinese and Japanese women in America have higher breast cancer death rates than women in their home countries.

May



Thu

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May Day

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May

Mon

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Cinco de Mayo

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Mother's Day / National Women's Health Week begins (11-17)

May



Mon

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Sat

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Armed Forces Day

Sun

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May

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May



Mon
26 Memorial Day

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31

Health for the Homefront...Understanding Diabetes

What It is and How It Feels



Simply stated, diabetes means the body has lost its main source of fuel, and the body cannot survive without fuel. Diabetes is a condition in which the pancreas, a little organ near the stomach that produces insulin (a hormone), can't make enough insulin or the body can't use the insulin properly. Insulin is important because it helps our bodies to produce glucose (a sugar that comes from most of the foods we eat), which our bodies use for energy. With diabetes, glucose builds up in the blood instead of being used for energy. Diabetes is a serious and growing problem, affecting about 8 million or 8 percent of all women in America. And, about a third of these women don't even know they have it!

If you are 45 years old or older, you should be tested for diabetes. If your test result is normal, you should then be tested every three years. People under age 45 should be tested if they are at high risk for diabetes. Things that can increase your risk for diabetes include: being overweight; having a family history of diabetes; being from certain minority racial/ethnic groups (African American, Alaska Native, American Indian, Asian American, Hispanic American, or Pacific Islander American); giving birth to a baby weighing more than 9 pounds; having diabetes during pregnancy; having high blood pressure or high blood cholesterol; and having abnormal glucose tolerance in an earlier diabetes test. Unfortunately, many people first become aware that they have diabetes when they develop one of its life-threatening complications, like blindness, kidney disease, nerve disease or an amputation, heart disease,

and stroke. Women with diabetes face special concerns, like an increased risk of vaginal infections and complications during pregnancy. The three types of diabetes are:

Type 1 Diabetes (formerly known as juvenile-onset or insulin-dependent) — usually occurs in children and is caused when the body's immune system attacks its ability to produce insulin. People with this condition need daily injections of insulin to live. They also need to follow a strict diet and monitor their blood sugar level.

Type 2 Diabetes (formerly known as adult-onset or noninsulin-dependent) — primarily affects overweight adults. In many cases, it can be controlled with diet, exercise, and weight control. Often there are no symptoms, but they can develop gradually and are not as noticeable as in type 1 diabetes.

Gestational Diabetes — appears in two to five percent of all pregnancies, especially among African Americans, Hispanics/Latino Americans, and American Indians. It can cause complications during pregnancy, and it must be monitored carefully, but usually goes away after the baby is born. Women who have had gestational diabetes are at an increased risk for developing type 2 diabetes later in life.

You might have one or more of these symptoms before finding out you have diabetes: extreme thirst or hunger; urinating often (especially at night); losing weight without trying; sudden vision changes; tingling or numbness in hands or feet; feeling tired often; very dry skin; slow healing sores; more infections than usual (including frequent vaginal yeast and bladder infections, among others, in women); nausea, vomiting, or stomach pain (might come with the sudden development of juvenile diabetes).

Diagnosing Diabetes

Diabetes is most often diagnosed with a series of tests that might include:

- ★ **A blood test that measures the glucose in your blood.** A blood glucose level of 200 milligrams per deciliter (mg/dL) or greater, with symptoms, means you have diabetes.
- ★ **A blood test for glucose after you have fasted, called fasting plasma glucose (FPG) value.** An FPG value of 126 mg/dL or greater means you have diabetes.
- ★ **A measurement of glucose in your blood through an oral glucose tolerance test (OGTT).** Although this test is no longer recommended because it is cumbersome, some health care providers may still use it. After fasting, you have to drink a glucose syrup and have a blood sample taken two hours later. An OGTT value in the blood of 200 mg/dL or greater means you have diabetes.

Testing Pregnant Women

It is now recommended that pregnant women who are at low risk for gestational diabetes do not need to be tested. This low-risk group includes women who meet **all** of the following criteria: are younger than 25 years old, are at normal body weight, without a family history of diabetes, and not members of a high-risk ethnic group. All other women should be tested for diabetes during the 24th to 28th weeks of pregnancy. You will be asked to drink a glucose drink and have a blood test one hour later. If your blood glucose value is 140 mg/dL or greater, your health care provider will most likely want to do more tests before diagnosing you with diabetes.

Treating Diabetes

When you have diabetes, the best way to take care of your health is to work with your health care provider to lower your high blood sugar

and keep it in a daily normal range. A normal blood sugar range is from about 70 to 150 (before a meal) and less than 200 about two hours after your last meal. Ask your health care provider what the best range of blood sugar is for you, how to test your blood sugar and how often. Your health care provider will evaluate if you need diabetes pills or insulin shots.

Your health care provider can also help you develop a plan for things you should do every day to take care of your diabetes, including following a healthy eating plan (eat your meals and snacks around the same times each day) and being active for a total of 30 minutes most days. If you do need diabetes medicine, take it at the same times every day. Test your blood sugar and record it in a diary, then call your health care provider if your numbers are too high or too low for two to three days. If you have high blood pressure, take your medicine exactly as prescribed. Check your bare feet for cuts, blisters, sores, swelling, redness, or sore toenails (use a mirror if you have trouble seeing the bottom of your feet). Brush and floss your teeth twice a day. And, don't smoke!

Since diabetes can cause serious problems for other parts of your body, you can help detect these problems early by: having an eye exam once a year, even if your eyes seem okay; having a dentist clean and check your teeth and gums twice a year; and having your urine tested at least once a year (to make sure your kidneys are healthy). See your health care provider right away if you have signs of a urinary tract, bladder, or kidney infection.

For more information on screening tests that can help identify diabetes and diabetes-related problems, see the screening charts on pages 20-25 of this daybook, or go to www.healthierus.gov.

Health for the Homefront... Understanding Menopause



What It Is and How It Feels

When someone brings up the subject of menopause, many of us think of hot flashes, sleepless nights, and feeling crabby. While these all can be menopausal symptoms, it's important to know that not all women have them. Many women actually think of this time of life as a new beginning, with opportunities to explore new things. Menopause, sometimes called the change of life, is actually the medical term for the end of your menstrual periods, when you can no longer get pregnant. Your periods rarely stop all at once – this natural part of aging happens over several years when your ovaries make less and less of the hormones estrogen and progesterone. During this time (called *perimenopause*) before your periods stop completely, you can start to experience symptoms, such as mood swings and hot flashes. You may also notice changes in your periods, such as heavier or lighter periods, shorter or longer periods, and varying lengths of time between periods, that can last for several years before your periods stop completely. These changes and symptoms can begin as early as age 35 or as late as 59. If you have your ovaries removed because of a disease or condition, or undergo some cancer treatments, you can go into menopause all at once and might have more severe symptoms. Changes in hormone levels can cause the following menopausal symptoms, which can vary in severity in different women:

- ★ **Hot flashes** (the most common symptom of menopause) or feeling warm or hot, often followed by sweating and sometimes chills, and night sweats.

- ★ **Sleep problems.**
- ★ **Depression, anxiety, and mood swings.**
- ★ **Vaginal problems**, like vaginal dryness and irritation that can cause pain during sexual intercourse and frequent vaginal infections.
- ★ **Urinary problems**, such as burning or pain when urinating, or *stress incontinence* (weakening of tissues in the urinary tract that causes urine to leak when sneezing, coughing, or laughing).
- ★ **Forgetfulness and memory loss.**
- ★ **Changes in sex drive and sexual response**, such as an increase or a decrease in sex drive, problems with sexual arousal or reaching orgasm.
- ★ **Weight gain.**
- ★ **Hair loss.**
- ★ **Abnormal bleeding between periods**, or spotting (usually normal, but should be reported to your health care provider).

Note: Losing estrogen during menopause also causes you to lose calcium, weakening your bones and putting you at greater risk for *osteoporosis*. (Before menopause, you need about 1,000 mg of calcium per day. After menopause, you need 1,500 mg per day.)



Diagnosing Menopause

Generally, you are considered to be in menopause when you have had no menstrual periods for one entire year. Blood and urine tests can measure the levels of estrogen and progesterone in your body, and low levels of these hormones may mean that menopause is near. A Pap test may also predict how close you are to menopause by looking for changes like thinning in the lining of your vagina (caused by dropping estrogen levels). Sometimes low-dose birth control pills are given to women in perimenopause to regulate their periods and ease hot flashes.

Treating Menopause

Many women go through menopause with few problems and do not choose to use any kind of treatment. Regular exercise, stress reduction, and a healthy diet can help you stay healthy as you go through menopause and beyond. Talk with your health care provider about what treatment options (if any) are best for you.

Treatments for menopause include:

Hormone Therapy

For years, hormone therapy was a standard treatment for the symptoms of menopause. Recent studies suggest, however, that it might not be a good option for many women. Keep checking the NWHIC website home page for updates. And, talk with your health care provider about whether hormone therapy is best for you, and about other treatments available to help you manage menopause and protect your health as you age.

Hormone replacement therapy (HRT) replaces the hormones that the ovaries stop making at the time of menopause, easing symptoms like hot flashes, night sweats, sleep problems, and vaginal dryness. HRT combines the hormones estrogen and progesterone and is usually given in pill form. You need both of these

Help Yourself Cope With Menopause Symptoms

There are things you can do for yourself, besides taking prescription drugs, to help ease some of the symptoms of menopause:

- ★ **Know your hot flash triggers.** Specific things can bring on, or trigger, a hot flash like a hot environment, eating or drinking hot or spicy foods, alcohol, caffeine, and stress. Decrease hot flashes by avoiding these triggers, dressing in layers, and keeping a fan in your home or workplace. Regular exercise may also bring relief from hot flashes, as well as other symptoms. Gentle yoga, stretching, and breathing exercises may help with reducing stress.
- ★ **Make intimacy more comfortable.** Use an over-the-counter vaginal lubricant to ease vaginal dryness and make sexual intercourse less painful.
- ★ **Get enough sleep.** Get a good night's sleep by getting regular exercise, but don't work out too close to bedtime. Avoid alcohol, caffeine, large meals, and anything over-stimulating (like watching the news or working) right before bedtime. Warm milk or herb tea may help you to sleep better, as well as keeping your sleeping space cool, not napping during the day, and going to bed and getting up at the same time every day.

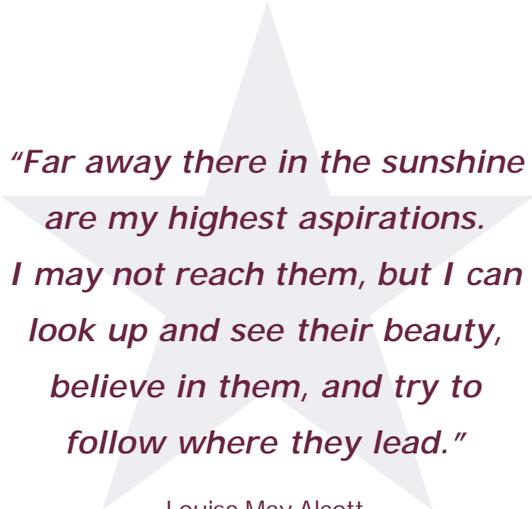
hormones because taking estrogen by itself increases the risk of uterine cancer. But, if you have had your uterus removed, you can take only estrogen (called estrogen replacement therapy, or ERT). ERT can be given in pill form or as a skin patch. There are many different types of HRT and ERT and you may have to try more than one kind or have the dosage adjusted to get maximum symptom relief.

There is some evidence that HRT and ERT can help prevent bone loss and osteoporosis, and may also prevent other diseases such as *Alzheimer's disease*, colon cancer, and *macular degeneration* (age-related vision loss). Research on hormone therapy has been done over the past 10 years, helping to answer vital questions on adverse side effects of these therapies, as well as benefits. For example, it is no longer recommended that women who have had a recent heart attack or a stroke start taking hormones. In addition, a recent study has found that HRT can cause more harm than good in healthy women, and can increase a woman's risk for breast cancer, heart disease, stroke, and pulmonary embolism (blood clot in the lung). Another recent study has found that ERT can increase a woman's chances of developing ovarian cancer, especially if taken for 10 years or more. Continuing research will answer more questions and provide more information on hormone therapy over time.

There are many treatments available besides HRT and ERT to protect against osteoporosis. Studies on bisphosphonates (drugs used to prevent bone loss) such as *alendronate* and *risedronate* have shown success in reducing the risk of bone breaks and fractures, with less side effects and risks than estrogen. Hormones are not usually recommended for women who have vaginal bleeding for no known reason, a history of breast cancer or cancer of the uterus, liver disease, or blood clots in the veins, legs, or lungs.

Natural Treatments

There are many natural remedies that you can buy over-the-counter that claim to relieve menopausal symptoms, such as black cohosh, ginseng, dong quai, evening primrose, and wild and Mexican yam. There is limited, and sometimes conflicting, research on the safety and effectiveness of these products. Soy and isoflavones (plant estrogens, or phytoestrogens), found in soybeans, soy products and supplements, may be helpful in the short term to relieve hot flashes and night sweats. But very large amounts of phytoestrogens may interact with estrogen and may be harmful to women with a history of estrogen-dependent breast cancer, and possibly to other women as well. Always discuss herbal and other natural remedies with your health care provider **before** taking them. You also should tell your provider if you are taking other medications, because some herbal products can have harmful interactions with other drugs.



*"Far away there in the sunshine
are my highest aspirations.
I may not reach them, but I can
look up and see their beauty,
believe in them, and try to
follow where they lead."*

Louisa May Alcott

June

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8	9	10	11	12	13	14
15	16	17	18	19	20	21
Father's Day						Flag Day Summer begins
22	23	24	25	26	27	28
29	30	<i>" Every life lost to addiction is one too many. But perhaps especially for young people, substance abuse is such a painful waste. To see someone at the dawn of life's promise shattered by the despair and dehumanization of drugs and alcohol is nothing less than tragic."</i> Tommy G. Thompson				

June Health Activities and Observances

From the **PICK YOUR PATH TO HEALTH CAMPAIGN** (described on page 6 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

Health Care Access: Your health matters Personal Action Steps

Schedule routine check-ups for your family.



Ask your local clinic about low-cost or free mammograms and pap tests.



Get better results from your provider.
Ask questions and expect answers.



Call 1-800-KIDS-NOW to learn about low-cost health insurance.



Health Observances for June

National Safety Month

National Scleroderma Awareness Month

Fireworks Safety Month (through July 4)

National Aphasia Awareness Week

National Men's Health Week (9-15)

Helen Keller Deaf-Blind Awareness
Week (22-28)

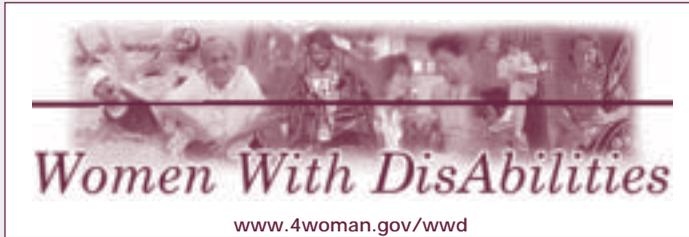
National Headache Awareness Week (1-7)

National Cancer Survivors Day (1)

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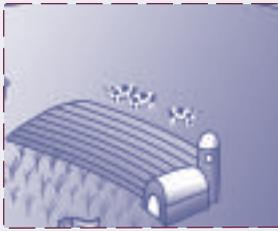




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Father's Day



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Summer begins

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June



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Health for the Homefront...Understanding Addiction



What It Is and How It Feels

It is not unusual to have experimented with drinking or smoking at some point in your life. It is also not unusual to have an occasional drink, and we all have friends who smoke. But you can become addicted, sometimes quite easily, to substances like alcohol and nicotine, especially if you have a family history of addiction. How do you know you might be addicted? It's very important to listen to your body. For example, if you feel badly after drinking, or worry about your drinking, you might have a drinking problem. Or, you worry that you can't seem to quit smoking, no matter how hard you try. Don't be afraid or embarrassed about getting help, it could be the best decision you ever made for yourself, as well as for those who depend on you. You are too strong, beautiful, and valuable to harm your health with an addiction.

Addiction means being dependent on something that is physically or psychologically habit-forming, causing abnormally strong cravings for it, making it very difficult to give it up even when you know it can hurt you. For example, we all know that smoking causes lung cancer, yet about one out of every five American women is a smoker. Studies suggest that women may become more quickly addicted than men to certain drugs, such as crack cocaine, even after casual or experimental use.

Addiction is a complex disease with many causes. Many women who develop a drug addiction have had to deal with serious illness or other difficult issues in their lives. Up to 70 percent of women who abuse drugs report histories of physical and sexual abuse, and have

low self-esteem (don't feel good about who they are). Having an addiction can ruin your life and affect your personal relationships, your job, and your health. It can also become life threatening. Drugs that can cause addiction include:

- ★ **Alcohol** — beer, wine, and hard liquor.
- ★ **Illegal, or illicit, drugs** — marijuana (pot, grass), hallucinogens (PCP, LSD), methamphetamine (speed, crack, crystal meth), cocaine and crack, heroin, inhalants (breathing vapors from industrial and household products like paint thinners, glue, butane lighters, spray paints, deodorant and hair sprays), and club drugs (ecstasy).
- ★ **Prescription drugs** — the most commonly abused of these drugs include opioids (pain killers), central nervous system depressants (anti-anxiety drugs, sleeping pills), and stimulants (used to treat *narcolepsy*, a sleep disorder that makes you fall asleep when you don't want to, *attention deficit hyperactivity disorder* or ADHD, obesity, and asthma).
- ★ **Nicotine** — cigarettes, cigars, chewing tobacco, and pipes.

Warning Signs of Alcohol and Drug Addiction

When you have an addiction, you very well may be the last one to know it. Often, family, friends, and co-workers first notice changes in your behavior that could indicate a problem. If you have any of the warning signs of alcohol or drug abuse listed on the next page, don't wait to get help. Talk with a trusted family member, friend or faith counselor. See your health care provider, who can refer you to a mental health professional (psychiatrist, psychologist, social worker, counselor) for help.

For more information on the benefits of quitting smoking and how you can quit, visit www.4woman.gov/QuitSmoking.

Warning signs of addiction include:

- ★ Drinking or using drugs when you feel angry and sad.
- ★ Being late for work or missing work due to drinking or using drugs.
- ★ Frequent headaches and “hang overs” after drinking or using drugs.
- ★ Drinking or using drugs after promising yourself or others that you will quit.
- ★ Family members expressing concern about your drinking, drug use and behavior.
- ★ Forgetting what you did while drinking or using drugs (called “blackouts”).
- ★ Planning to use alcohol or drugs in advance, hiding them, or using them alone.
- ★ Having to use more alcohol or drugs to get the same feeling (of being high).
- ★ Taking personal risks, like drinking and driving.
- ★ Not being able to handle your family or work responsibilities.
- ★ Changes in mood, including depression and problems sleeping.
- ★ No interest in things you used to enjoy.

Note: If you or someone you know needs help with an alcohol or drug-related problem, call the National Clearinghouse for Alcohol and Drug Information toll free at 1-800-662-HELP.

Treating Addiction

Alcohol and Drugs

The complex nature of addiction makes the road to recovery neither easy nor swift. You can succeed in stopping, but can easily return, or relapse, to alcohol or drugs. Understanding that you cannot control everything in your life, plus making a commitment to quitting, are two very important first steps you will have to take. Most addictions are treated with individual or group psychotherapy (talk

therapy), including cognitive-behavioral therapy (to develop successful coping strategies), and family therapy. Twelve-step programs, or support groups (to get help from people who are going through the same thing you are) like Alcoholics Anonymous or Narcotics Anonymous are also recommended, in combination with psychotherapy. Medications are used for some addictions, such as methadone for heroin and *disulfiram* (Antabuse) or *naltrexone* (ReVia) for alcohol, to prevent relapse. Your health care provider or mental health professional may refer you to a treatment program that focuses on behavior change. The program could be residential (you live there for a period of time) or outpatient (you go there for sessions, but live at home). If your addiction is severe, you may need to enter a detoxification program (to safely remove the substance you've been using from your body in a medically-supervised setting) or be hospitalized.

Nicotine

If you smoke, make sure to ask your health care provider for help in quitting. Medications are available to help you stop smoking. Prescription nicotine nasal sprays, inhalers and patches, as well as over-the-counter nicotine chewing gum and patches, work by gradually reducing the amount of nicotine you're used to consuming, decreasing and finally eliminating your cravings for nicotine. Sometimes medications like *bupropion SR* (an antidepressant) are given to help ease cravings during the process of quitting.

Pick a date to quit, write down on paper your reasons for quitting (which you can refer to when you're tempted to smoke), tell family and friends when you quit and ask for their help and support, and join a local support group of others who are quitting smoking. Exercise and stress reduction can also help you cope with the challenges of quitting. Some people also find that acupuncture and hypnosis can help them stop smoking.

Health for the Homefront...Understanding Urinary Tract Conditions



What They Are and How They Feel

Proper function of our urinary system is such a natural part of our day, we usually don't think about it until we have a problem. The urinary system is nature's way of getting rid of waste in our bodies. It consists of the kidneys, which remove liquid waste from the blood in the form of urine, keep a balance of salts and other substances in the blood, and produce a hormone that helps form red blood cells. It also includes the ureters, or narrow tubes that carry urine from the kidneys to the bladder, the triangle-shaped chamber in the lower abdomen that stores urine; and the urethra, a tube that carries the urine as it leaves the body.

About one of every five women will have a urinary tract infection (UTI) in her lifetime, often related to sexual activity, pregnancy, older age, or no known cause at all. So, don't feel uncomfortable discussing these issues with your health care provider. UTIs can range from slightly irritating to very painful. Not everyone with a UTI has symptoms, but most people get at least some. Symptoms include a frequent urge to urinate, but only passing a small amount of urine, a burning sensation, pressure, or pain when urinating, or feeling tired, shaky, or washed out. Specific types of UTIs include:

Bladder Infections (Cystitis) — the most common form of UTIs that affect women, cystitis occurs when bacteria enter through the urethra and spread upward to the bladder, causing an infection. An infection of the urethra, *urethritis*, often happens at the same time.

Interstitial Cystitis (Painful Bladder Syndrome or Frequency-Urgency-Dysuria Syndrome) — when the wall of the bladder becomes inflamed or irritated, affecting the amount of urine your bladder can hold, causing scarring, stiffening, and bleeding in the bladder. The cause of this chronic, or long-lasting, disorder that affects mostly women is unknown.

Kidney Infections (Pyelonephritis) — if left untreated, a UTI can move on to the kidneys and can become more serious. Symptoms include fever, pain in the back or side below the ribs, nausea or vomiting, and chills. It is very important to see your health care provider at the first sign of pain, irritation, or blood when you urinate or have discomfort in or near your abdomen, back, or sides.

Diagnosing Urinary Tract Problems

A UTI is diagnosed through a urine test that looks for white blood cells and/or bacteria.

You will be asked to give a clean catch urine sample by washing the genital area and collecting a midstream sample of urine in a sterile container. The sample is then sent to a lab for testing or for a culture (a process that identifies the presence of bacteria by allowing it to grow). After the bacteria grow, it is tested against different antibiotics to see which drug best destroys the bacteria. This is called a sensitivity test.

If the UTI doesn't clear up with treatment, or if you have had several bladder infections, you may need a test called a cystoscopy. A flexible tube with a light and camera is inserted into the bladder to remove samples of urine and tissue. Your health care provider might order other tests that produce pictures, or images, of the urinary tract, such as the intravenous pyelogram (IVP), which gives x-ray images of the bladder, kidneys, and ureters. Another imaging test you might need is an ultrasound exam, which gives pictures from the echo patterns of sound waves bounced back from internal organs. Sometimes testing yourself

can be helpful, especially if you have frequent, or recurrent, infections. Dipsticks (a type of testing paper that looks like a stick, which you can dip into a sample of your urine) that change color when an infection is present are now available in drug stores without a prescription.

Treating Urinary Tract Problems

Getting proper treatment will prevent your urinary tract problems from getting worse and affecting other parts of your body. You can help prevent kidney infections by seeing your health care provider as soon as you have symptoms of a UTI. If you are in a lot of pain, ask your health care provider to prescribe a pain reliever since various drugs are available. A heating pad may also help.

Antibiotics

UTIs are treated with antibiotics, usually for seven to ten days, but for some infections, you may only need a single dose of an antibiotic. The choice of antibiotic and length of treatment depend on your history and the type of bacteria causing the infection. The antibiotic drugs most often used to treat UTIs are:

- ★ *Trimethoprim* (Trimplex)
- ★ *Trimethoprim/sulfamethoxazole*, or *TMP/SMZ* (Bactrim, Septra, Cotrim)
- ★ *Amoxicillin* (Amoxil, Trimox, Wymox)
- ★ *Nitrofurantoin* (Macrochantin, Furadantin)
- ★ *Ampicillin*

Other antibiotics are sometimes used as well, including *ofloxacin* (Floxin), *norfloxacin* (Noroxin), *ciprofloxacin* (Cipro), and *trovafloxin* (Trovan). Some antibiotics are not safe to take during pregnancy. Talk with your health care provider about the risks and benefits of the different medications.

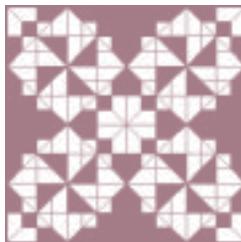
Treating Recurrent Infections in Women

Women who have had three UTIs are likely to continue having them, usually within 18 months of the last UTI. Many women have them even more often. If you have frequent infections (three or more a year), ask your health care provider about one of the following treatment options:

- ★ **Taking low doses of an antibiotic** such as *TMP/SMZ* or *nitrofurantoin* daily for six months or longer. Research has shown this therapy to be effective without causing serious side effects.
- ★ **Taking a single dose of an antibiotic** after sexual intercourse.
- ★ **Taking a short course (one or two days) of antibiotics** when symptoms appear.

Steps You Can Take to Avoid Infection

You can help prevent UTIs by drinking plenty of water each day to help flush bacteria out of your system. Cranberry juice and vitamin C supplements can also keep the number of bacteria in your system down. Cleanse the area around the rectum and vagina each day, urinate when you feel the need (or about every two to three hours, and before and after sex), and wipe from front to back to prevent bacteria from entering the vagina or urethra. It also helps to take showers instead of baths, avoid irritating douches and feminine hygiene sprays, and wear panties with a cotton crotch, which absorbs moisture. Some women say drinking a lot of water after sexual activity helps to prevent new infections.



July

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<i>"When there is a river in your growing up, you probably always hear it." Ann Zwinger</i>		1	2	3	4 Independence Day	5
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27	28	29	30	31		

July Health Activities and Observances

From the **PICK YOUR PATH TO HEALTH CAMPAIGN** (described on page 6 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

Drug Abuse: Use and you lose Personal Action Steps

Don't experiment — you can become addicted even the first time.



Protect your health and your future. Drugs can damage your body and ruin your relationships.



Call Narcotics Anonymous at 818-773-9999 to help or get help from your local chapter.



If you're taking prescribed medication, ask your doctor before taking any other medication or herbal supplements.



Health Observances for July

Hemochromatosis Screening
Awareness Month

Eye Injury Prevention Month

National Therapeutic Recreation
Week (14-18)

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July



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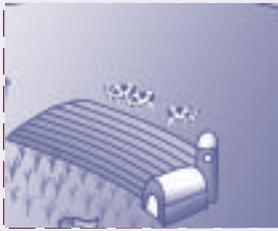
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Health for the Homefront...Understanding Mental Health Conditions



What They Are and How They Feel

We all feel worried, anxious, or sad from time to time. But, a true mental health disorder makes it difficult for a woman to function normally. There are different types of mental health disorders, and four of the most common are discussed here. While each of these disorders has certain specific symptoms, they also share some symptoms including sleep problems (sleeping too much, not being able to sleep, waking early), tension (unable to relax, feeling restless, irritable or angry), memory problems (trouble concentrating, remembering or making decisions), and changes in weight (weight gain or loss). You should see your health care provider right away if think you have a mental health disorder. These disorders are real illnesses that can't be willed or wished away. And, it's important to know they are not your fault. Mental health disorders include:

Depression — feeling hopeless, worthless and sad all the time, and having no energy or interest in anything. Crying more than usual, feeling tired, and losing interest in sex are also symptoms of depression. You might even have thoughts of harming yourself, death, or suicide. Depression can be severe, interfering with normal activities, or mild. *Bipolar disorder* (also called *manic depression*) is a severe form of depression where a person has extreme highs (mania) as well as lows (depression). The majority of people being treated for depression are women.

Generalized Anxiety Disorder (GAD) — constant worrying, even when nothing is wrong, and having extreme tension. The source of anxiety can be hard to pinpoint. You can also experience heart palpitations (heart beating fast or skipping beats), hyperventilation (fast, shallow breathing), sweating, hot flashes, or trembling (the shakes), or feel like throwing up when worried.

Post Traumatic Stress Disorder (PTSD) — the trauma of a terrifying event (such as rape, witnessing a murder, or being in an earthquake) is repeatedly relived with disturbing memories during the daytime and nightmares during sleep. PTSD can cause depression and anxiety. You might have hallucinations (seeing or hearing things that aren't there), delusions (seeing things differently from what they are), extreme anger, or violent feelings.

Postpartum Depression (PPD) — sudden mood swings and feeling sad, impatient, irritable, or anxious after having a baby. Different from the "baby blues" (which goes away after a few weeks), PPD lasts longer and it's symptoms are stronger. While rare, *postpartum psychosis* can happen, causing symptoms so severe like hallucinations, delusions, and violent feelings, a woman can become a danger to herself, her baby, and others.

Diagnosing Problems with Mental Health

A physical exam and lab tests are first done to make sure your symptoms aren't being caused by medication or another condition. If no other cause is found, you will be referred to a mental health professional (psychiatrist, psychologist, social worker, counselor) for an evaluation, which includes a history of symptoms (when they started, how long they've lasted, how severe they are, any prior experience with symptoms), medications taken, alcohol and drug use, and any thoughts about death or suicide. You

should also be asked about your family history with mental illness. Sometimes a mental status exam (looks for problems with speech and thought patterns and memory) is done.

Treating Problems with Mental Health

Mental health disorders are treated in two ways — with medication and psychotherapy (“talk” therapy). Most of the time, these two treatments are combined. When you receive psychotherapy from a mental health professional other than a psychiatrist, be sure that person works with a medical doctor who can prescribe medication. But some disorders, such as mild depression, may require only psychotherapy and no medication. Your primary health care provider can help you decide what kinds of mental health professionals you need.

Medication

- ★ **Antidepressants** are used to treat both depression and anxiety. Your doctor may try several of these before finding the drug or combination of drugs that works best for you. Patience is key here, it usually takes three to four weeks for the drugs to work correctly and give you maximum symptom relief. Commonly used drugs include:
 - Selective serotonin reuptake inhibitors (SSRI)s, which include *fluoxetine* (Prozac, Sarafem), *paroxetine* (Paxil), *sertraline* (Zoloft), and *citalopram* (Celexa).
 - Tricyclic antidepressants, such as *amitriptyline* (Elavil, Endep).
 - Monoamine oxidase inhibitors (MAOIs), such as *phenelzine* (Nardil).
- ★ **Benzodiazepines and beta-blockers**, used to treat anxiety but may be used to treat depression, in combination with antidepressants.
- ★ **Stimulants**, such as *methylphenidate* (Ritalin, Concerta) are sometimes used in combination with an antidepressant for treating severe depression. They aren't effective when used alone.

Psychotherapy

Psychotherapy can be individual or group therapy. Types of psychotherapy include:

- ★ **Cognitive-behavioral therapy (CBT)** focuses on helping you develop ways to manage your illness. Exposure therapy (repeats traumatic events in a safe, controlled environment) is one form of CBT used to treat PTSD.
- ★ **Behavioral therapy** helps you change the way you react to a situation(s), so your symptoms don't interfere with your ability to function. Biofeedback is a type of behavioral therapy that is sometimes used to help you learn how to control physical symptoms, such as muscle tension and headaches.

You may also be referred to a support group, where people with the same illnesses meet to discuss coping strategies and offer support to each other.

Note: There are a number of herbal remedies on the market that make unproven claims to treat depression and anxiety. One popular herb, *St. John's wort*, has been shown to cause dangerous interactions with some prescribed medicines. Never take an herbal product without first talking with your health care provider.



Health for the Homefront...Understanding Digestive Tract Conditions

What They Are and How They Feel



Gas, bloating, diarrhea, constipation. These are not subjects for social conversation! The stomach cramps, pain, discomfort, tenderness, unusual bowel appearance or frequency that often come with these conditions could all be normal, temporary problems. Maybe it's a brief stomach "bug," or something you ate. Yet they could also be signs of serious disease, and should be checked out if the discomfort lasts an unusual length of time. Some problems in the stomach or intestines have no known cause, but they can usually be treated. Keep in mind that stress alone does not cause these symptoms, although sometimes emotions can make them feel worse. Some of the most common digestive tract problems include:

Inflammatory Bowel Disease (IBD) — a chronic disease that causes an inflamed and swollen digestive tract or intestinal wall. The two most common forms of IBD are *Crohn's disease* and *ulcerative colitis*. No one knows for sure what causes IBD, but researchers suspect it may be a bacterium or virus. Symptoms include diarrhea that can be bloody, rectal bleeding, mucus in the stool, nausea and vomiting, fever, and unexplained weight loss. You might have pain and tenderness specifically in the lower right side of your abdomen and *anemia* (low blood count). Slowed growth and delayed sexual development can also happen with IBD, especially in children.

Irritable Bowel Syndrome (IBS) — a condition that occurs when the muscles in the intestines don't work properly. While IBS doesn't damage the digestive tract like diseases can, it can cause gas, bloating, burping, abdominal pain, and

diarrhea or constipation, or both. You can also feel like you don't have complete bowel movements and have bloody diarrhea or mucus in the stool.

Gastroesophageal Reflux Disease (GERD) — when the muscle between the esophagus (food pipe) and stomach relaxes, allowing stomach contents to splash back, or reflux, into the esophagus (feels like burning in the throat and mouth), causing uncomfortable heartburn.

Diverticulosis and Diverticulitis — development of small pouches or sacs (diverticula) in the colon's (large intestine) wall, which usually appear and increase with age and cause no symptoms. In some cases, the pouches can become infected or inflamed (called *diverticulitis*), causing pain and tenderness in the lower left side of the abdomen, bleeding, blockage, or perforation of the colon. Symptoms of diverticulosis include constipation or feeling like you're not finishing bowel movements, gas, bloating, and burping.

Gastroenteritis — inflammation of the stomach and intestines, causing diarrhea, cramps, nausea, vomiting, and sometimes fever. While most often caused by viruses and food poisoning (from improperly prepared or stored food contaminated with bacteria), certain parasites can also cause this condition.

Ulcers — a sore on the stomach lining or duodenum (beginning of the small intestine), creating abdominal discomfort. Ulcers are caused by bacteria (*H. pylori*) or long-term use of nonsteroidal anti-inflammatory agents (NSAIDs) like aspirin and ibuprofen. Spicy food and stress do not cause ulcers. Ulcers usually feel like a dull ache in the abdomen that comes and goes for several days or weeks, happens

For more information on screening tests that can help identify digestive diseases, see the screening charts on pages 20-25 of this daybook.

two to three hours after eating, occurs in the middle of the night (when the stomach is empty), or is relieved by food or antacids. You can also have unexplained weight loss and a poor appetite when you have an ulcer. **Note:** **If you have sharp and sudden or persistent stomach pain, black or bloody stools, or bloody vomit that looks like coffee grounds, call your health care provider right away. These symptoms may be signs of a more serious problem.**

Diagnosing and Treating Digestive Tract Conditions

A physical exam is the first step in diagnosing digestive diseases. You should be asked about symptoms (when they started, when and how

often they occur, how long they last), bowel habits, diet, and medications you might be taking. Other conditions may need to be ruled out, to make sure they aren't the cause of your symptoms. Your health care provider usually will first treat your symptoms and ask you to make lifestyle changes as well. These changes can involve dietary changes (avoiding certain types of foods or alcohol and eating smaller and more frequent daily meals), stopping smoking, reducing stress, and getting regular exercise. If there is no improvement in symptoms, a variety of tests may be done. Once a condition is diagnosed, treatment can involve a combination of things, usually medication first and possibly surgery for severe cases.

Condition	Diagnostic Tests and Procedures	Treatment
IBD	<p>Blood and stool specimens — looks for blood or infection.</p> <p>Barium enema (you drink a solution and x-rays are taken) — looks for abnormalities in the colon.</p> <p>Colonoscopy or flexible sigmoidoscopy (a thin, flexible tube is inserted into the colon through the anus) — looks for abnormalities in the lining of the colon.</p> <p>Upper gastrointestinal (GI) series (you drink a chalky liquid called barium and have x-rays taken) — looks for problems in the small intestine.</p>	<p>Medications to control inflammation:</p> <ul style="list-style-type: none"> • <i>5-aminosalicylic acid</i> (5-ASA, mesalamine, olsalazine, Colazal). • <i>Sulfasalazine</i>. • Corticosteroids (prednisone, hydrocortisone, Entocort EC). • <i>Infliximab</i> (Remicade). • Immunosuppressive drugs (<i>azathioprine</i>, <i>6-mercaptopurine</i>). <p>Medications for symptoms:</p> <ul style="list-style-type: none"> • Over-the-counter antidiarrheals, laxatives, and pain relievers. <p>Surgery:</p> <ul style="list-style-type: none"> • Colectomy (complete removal of the colon). • Small bowel resection (removes diseased parts of the small bowel and sews the two healthy sections together).
IBS	<p>Blood tests — looks for infection.</p> <p>Colonoscopy or x-ray — looks for abnormalities in the lining of the colon.</p>	<p>Medications for symptoms:</p> <ul style="list-style-type: none"> • Over-the-counter anti-gas agents, laxatives, antidiarrheals, and pain relievers. • Fiber supplements like Citrucel or Metamucil. • Antispasmodics (to control colon muscle spasms, diarrhea, and pain). • Tranquilizers and antidepressants for stress, anxiety, and depression.

continued on next page

Condition	Diagnostic Tests and Procedures	Treatment
GERD	<p>Barium swallow radiograph (you drink barium and x rays are taken) or upper endoscopy (your throat is numbed and a thin tube called an endoscope is inserted that has a tiny camera on it) — looks for abnormalities and severe inflammation of the esophagus.</p> <p>pH monitoring exam (a tiny tube is placed into the esophagus for 24 hours) — measures the amount of and when stomach contents come up into your esophagus.</p>	<p>Medications to control acid production and relieve symptoms:</p> <ul style="list-style-type: none"> • Over-the-counter antacids like Alka-Seltzer, Maalox, Pepto-Bismol, Tums, and Gaviscon. • Drugs available in prescription strength or over-the-counter, such as <i>cimetidine</i> (Tagamet HB), <i>famotidine</i> (Pepcid AC), <i>nizatidine</i> (Axid AR), <i>rantidine</i> (Zantac 75). • Prescription drugs like <i>omeprazole</i> (Prilosec), <i>lansopazole</i> (Prevacid), and <i>exomeprazole</i> (Nexium). <p>Medications to make the stomach empty faster:</p> <ul style="list-style-type: none"> • <i>Metoclopramide</i> (Reglan). • Antibiotics like <i>erythromycin</i>. <p>Surgery: (called fundoplication) for severe cases to strengthen and repair stomach muscles.</p>
Diverticulosis and Diverticulitis	<p>Digital rectal exam (doctor inserts a gloved, lubricated finger into your rectum) — looks for tenderness, blockage, or blood.</p> <p>Blood tests — looks for infection.</p> <p>Stool sample — looks for blood in the stool.</p> <p>X-rays — looks for abnormalities in abdominal organs.</p>	<p>Medications for symptoms:</p> <ul style="list-style-type: none"> • Fiber supplements and laxatives. • Pain relievers. • Antibiotics (for diverticulitis). <p>Surgery: for severe cases to remove the affected part of the colon (called colon resection).</p>
Gastroenteritis	<p>Stool assays — looks for viruses and stool cultures to look for bacteria or parasites that may be causing symptoms.</p>	<p>Fluid therapy for severe cases of fluid loss due to diarrhea: given intravenously or by drinking electrolyte solutions like Gatorade.</p> <p>Treatment for infection: Antibiotics to treat bacteria; bed rest.</p>
Ulcers	<p>Upper gastrointestinal (GI) series — looks at the esophagus and stomach for abnormalities.</p> <p>Endoscopy — looks at the esophagus and stomach for abnormalities.</p> <p><i>H.pylori</i> blood test — checks to see if this bacteria is causing the ulcer.</p>	<p>Medications to heal the ulcer: <i>cimetidine</i>, <i>rantidine</i>, <i>famotidine</i>, or <i>sucralfate</i>.</p> <p>Medication for infection: Antibiotics for <i>H. pylori</i> bacteria.</p>

August

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"We have our own front page, as all people do who live in the country. It is the sky and the earth, with headlines new every morning. We wake to take in its news as city dwellers reach across thresholds for their newspapers."

Margaret Lee Runbeck

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Women's Equality
(Suffrage) Day

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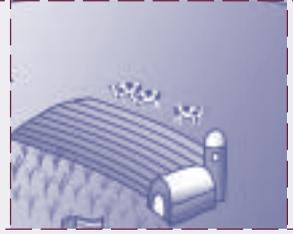
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Women's Equality (Suffrage) Day

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Health for the Homefront...Understanding Autoimmune Diseases

What They Are and How They Feel



The body's immune system protects us from disease and infection, working hard to keep us healthy. With autoimmune disease the immune system gets off course, attacking healthy organs and tissue, making a person sick. About 75 percent of people with autoimmune disease are women, most of whom are in their childbearing years. There are over 80 types of autoimmune disease. And, while these disorders may sound scary, it's important to know their symptoms because they can be hard to diagnose. Four of the most common of these disorders, all of which can cause muscle pain, aches or stiffness, extreme fatigue even when rested, discomfort after physical exertion, and anxiety and depression, are:

Chronic Fatigue Syndrome (CFS) — having extreme fatigue (tiredness, lack of energy) that doesn't get better with rest and can worsen with physical or mental activity. This disorder can also cause headaches, tender lymph nodes and sore throat, painful joints, memory problems, trouble concentrating, and sleep problems.

Fibromyalgia (FM) — having widespread muscle pain, fatigue, and tender points (neck, spine, shoulders, hips, and knees) that hurt when pressure is placed upon them. Sometimes numbness and tingling (pins and needles) sensations can occur in the arms, legs, hands, and feet, along with headaches, sleep problems, and difficulty with remembering and focusing.

Lupus or systemic lupus erythematosus (SLE) — causes inflammation and damage to the joints, skin, kidneys, heart, lungs, blood vessels, and brain. Can range from mild to life threatening.

The hallmark symptom of lupus is a butterfly rash across the nose and cheeks. Other symptoms include rashes on other parts of the body, painful and swollen joints, and sensitivity to the sun.

Multiple Sclerosis (MS) — happens when the central nervous system is attacked and the protective covers of nerve fibers are destroyed. Most cases are mild, but some people are left unable to write, speak, or walk. Symptoms include weakness and trouble with coordination, balance, speaking and walking, paralysis, tremors and numbness and tingling sensations in the arms, legs, hands, and feet.

Diagnosing Autoimmune Diseases

Different autoimmune diseases share similar symptoms, making them hard to diagnose. This can make the road to a correct diagnosis a long and stressful one. You need to persist to make sure you get relief for your symptoms.

CFS and Fibromyalgia. There are no lab tests for CFS or FM. A CFS diagnosis requires you to have severe chronic fatigue for six months or longer, and at least four of these symptoms: headaches; tender lymph nodes; sore throat; muscle pain or aches; joint pain without swelling; trouble concentrating or remembering; fatigue even when rested; or discomfort after physical exertion. There are two criteria for diagnosis of FM: widespread pain for at least three months; and tenderness in at least 11 of 18 tender point sites in the neck, spine, shoulders, hips, and knees.

Lupus and MS. Lupus is diagnosed with a physical exam and lab tests. The antinuclear antibody (ANA) test (most people with lupus test positive for ANA) is used along with other tests, such as blood tests and urine tests. Diagnosis of MS involves a physical and a neurological exam (looks at the brain, spinal cord and nerves). Imaging tests such as magnetic resonance imaging (MRI) and magnetic resonance spectroscopy (MRS) are done to look for central nervous system (CNS) changes in the body or

brain. Other tests may be done on the brain and spinal cord fluid to detect abnormalities linked to these diseases.

Treating Autoimmune Diseases

There is no cure for autoimmune diseases. Symptoms can come and go, ranging in severity, or go away completely for a while (called remission). Flare-ups, or the sudden and severe onset of symptoms, can also happen. It's best to work closely and often with your doctor to manage your illness. But, there are things you can do to feel better like having a healthy diet, getting regular exercise (being careful not to

overdo it), getting enough rest, and reducing stress. Seeing a physical therapist can help with stiffness, weakness, and restricted movement. A speech therapist can be helpful for people with MS who have speech problems. You can also see a psychotherapist for emotional support. Cognitive-behavioral therapy, done by specially trained psychotherapists, helps you to develop ways to cope with your illness. The good news is that new treatments and drugs are being studied to improve management of these diseases. Current drugs used for these conditions are discussed in the following table.

Disease	Drug Treatment
CFS and FM	<ul style="list-style-type: none"> • Aspirin and ibuprofen (for pain relief). • Low-dose tricyclic antidepressants, selective serotonin reuptake inhibitors, or SSRIs (to treat depression). • Anti-anxiety drugs (to help with anxiety and sleep problems). • Muscle relaxants like <i>cyclobenzaprine</i> (for muscle-related pain with FM).
Lupus	<ul style="list-style-type: none"> • Nonsteroidal anti-inflammatory drugs, or NSAIDS (to reduce pain and inflammation). • Antimalarial drugs (to treat fatigue, inflammation, joint pain, and skin rashes). • Corticosteroids (steroids) like <i>prednisone</i> (to reduce inflammation). • Immunosuppressive agents like <i>azathioprine</i> (Imuran) and <i>cyclophosphamide</i> (Cytoxan) (used only in severe cases, to slow the course of disease).
MS	<p>Drugs to slow the course of disease include:</p> <ul style="list-style-type: none"> • Interferon-beta drugs include <i>interferon 1-b</i> (Betaseron) and <i>interferon 1-a</i> (Avonex and Rebif). • <i>Glatiramer acetate</i> (Capaxone). • <i>Mitoxantrone</i> (Novantrone) (a chemotherapy agent). • Corticosteroids (steroids), such as <i>prednisone</i>, <i>prednisolone</i>, <i>methylprednisolone</i>, <i>betamethasone</i>, and <i>dexamethasone</i> (used to shorten the length of MS attacks and lessen swelling and inflammation, these drugs do not affect the course of the disease, can have serious side effects, and are not generally used long term). <p>Note: While some people with MS have done well with no drug treatment, results from studies show that early drug treatment may lessen CNS damage caused by the disease. If you are pregnant or trying to become pregnant, talk with your health care provider before taking these drugs because they may cause problems with pregnancy or cause birth defects.</p>

Health for the Homefront...Understanding Skin Conditions



What They Are and How They Feel

In a world that places a high value on physical looks, facing the day can be hard when you have an unsightly skin condition. It can be made even worse if your skin is itchy or sore. For some skin conditions the cause is unknown, but stress, pregnancy, and reactions to medications can affect skin health. Some of these conditions also tend to run in families. Common skin conditions include:

Acne — when hormones affect the skin's oil glands, causing plugged pores and outbreaks of lesions (pimples, blemishes) usually on the face, neck, back, chest, and shoulders. Severe acne can lead to disfiguring, permanent scarring.

Eczema — also called *atopic dermatitis*, this condition is chronic (long lasting), where the skin becomes very dry, itchy, inflamed, and easily irritated, causing redness, swelling, cracking, weeping, crusting, and scaling.

Psoriasis — chronic inflammation and scaling of the skin (outer layer skin cells reproduce faster than normal and pile up on the skin's surface), causing discomfort, pain, burning, and itching. Psoriasis looks like thick red skin patches covered with silvery scales, and mostly affects the elbows, knees, scalp, lower back, face, palms, and soles of the feet. It can also affect the joints (called *psoriatic arthritis*).

Rosacea — a chronic condition that affects the skin (mostly the face, but can also occur on the neck and upper chest) and the eyes. On the skin, it produces redness, bumps, and pimples in the early stage, and in advanced stages, thickened skin on the nose (mostly in men). Frequent face and neck flushing can also occur. Eyes can feel gritty, swell, and become inflamed. Women are more often affected by mild to moderate rosacea than are men, but the condition is often more severe when it strikes men.

Skin cancer — when cancer cells are found in the outer layers of the skin. The two most common types of skin cancer, called *nonmelanomas*, are *basal cell carcinoma*, which is slow growing and seldom spreads to other parts of the body, and *squamous cell carcinoma* that is, while rare, more likely than basal cell carcinoma to spread. *Melanoma* is another type of skin cancer that occurs less often than nonmelanomas, but is much more serious, accounting for more than 80 percent of skin cancer deaths. Symptoms include a growth or sore that won't heal or a small lump on the skin that can be smooth, shiny and waxy looking, or red or reddish brown. Flat, red skin bumps that are rough or scaly can also occur, as well as changes in skin moles (size, shape, color, or texture). Sometimes flat, red skin bumps on parts of your body that have been exposed to the sun (face, back of hands) can become larger or grow thicker like a wart.

Diagnosing Skin Conditions

To diagnose a skin condition, your health care provider will begin with an exam to visually inspect the skin, and a medical history. You should be asked about other medical conditions and medications (some of which can cause skin irritation and diseases), prior skin problems, food

For more information on screening tests that can help identify skin diseases, see the screening charts on pages 20-25 of this daybook.

allergies, and family history of skin and allergic diseases. Be sure to tell your health care provider what skin care products you're using and how you care for your skin (some can irritate your skin). Sometimes skin disorders are tough to diagnose and you might be asked to observe your symptoms over time. Tests may be done, such as a biopsy (removal of a patch of skin, a spot or a lump to look at under a microscope), to help identify a condition. Biopsies should always be done when skin cancer is suspected. Your health care provider may refer you to a dermatologist (doctor who specializes in skin disorders) for diagnosis as well as treatment.

Treating Skin Conditions

Health care providers who specialize in skin diseases understand the heartbreak of problem skin and strive to minimize the psychological stress and embarrassment caused by these frustrating conditions, especially when the condition is chronic. Patience is key – it can take several months or more before skin looks and feels better. And, you can become symptom free, only to experience a flare up later on. Developing a good relationship with your health care provider will help you to better manage your skin condition over time, including developing a skin care regimen that works best for you and finding ways to reduce stress.

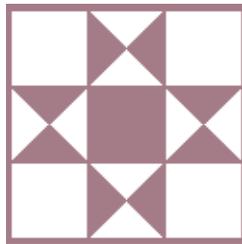
Medications and Other Treatments

Skin Condition	Treatment
Acne	<p>Medicines to heal and prevent lesions:</p> <ul style="list-style-type: none"> • Over-the-counter gels, lotions, creams, soaps, or pads that contain benzoyl peroxide, resorinol, salicylic acid, and sulfur to heal and prevent lesions. • Prescription creams, lotions, and gels (like tretinoin, benzoyl peroxide, azelaic acid). • Oral antibiotics (<i>clindamycin, erythromycin, tetracycline, minocycline, doxycycline</i>). • Antibiotic creams and ointments. • <i>Isotretinoin</i> (Accutane) – used to treat severe acne only, can have serious side effects, and can cause birth defects if you take it when you're pregnant. • Cortisone injections directly into lesions to reduce their size and to lessen pain.
Eczema	<ul style="list-style-type: none"> • Corticosteroid (steroid) creams and ointments (prescription and sometimes over-the-counter products) to treat symptom flares. • Corticosteroid drugs or injections (for severe symptoms). • Immunosuppressive drugs, such as <i>cyclosporine</i> (for severe cases). • Antibiotics to treat skin infections. • Antihistamines to reduce nighttime scratching. • Phototherapy (with ultraviolet light) to treat symptom flares. • Applying coal tar to areas affected by eczema (for extreme cases). • Hospitalization to allow skin to rest without topical treatments (for extreme cases). • Avoiding hot or long (more than 10-15 minutes) baths and showers.

continued on the following page

Medications and Other Treatments (Continued)

Skin Condition	Treatment
Psoriasis	<ul style="list-style-type: none">• Corticosteroid creams and ointments to relieve symptoms.• Calcipotriene (synthetic form of vitamin D3) ointment to reduce excessive production of skin cells.• Applying coal tar to areas affected by psoriasis or used in a bath solution or hair shampoo to relieve symptoms.• Salicylic acid to remove scales.• Anthralin ointment, cream, or paste to treat lesions.• Tazarotene (a topical retinoid) clear gel to treat lesions.• Phototherapy (with ultraviolet light) to reduce inflammation and slow the overgrowth of skin cells that cause scaling.• Immunosuppressive drugs, such as <i>methotrexate</i>, <i>cyclosporine</i>, and <i>hydroxyurea</i> (for severe cases).• Retinoid drugs (for severe cases).• Antibiotics to treat an infection that triggers a psoriasis outbreak.
Rosacea	<ul style="list-style-type: none">• Topical antibiotics, such as <i>metronidazole</i> (metrogel) to treat symptoms.• Oral antibiotics, such as <i>tetracycline</i>, <i>minocycline</i>, <i>erythromycin</i>, and <i>doxycycline</i> (for more severe cases) for skin and eye problems.• <i>Isotretinoin</i> (Accutane) for severe or therapy-resistant rosacea; don't take if you're pregnant because it can cause birth defects.• Laser surgery to treat redness, enlarged blood vessels, and deformities of the nose.• Wearing sunscreen with a sun protection factor (SPF) of 13 or higher.• Avoiding hot or long (more than 10-15 minutes) baths and showers, alcohol, and spicy foods.
Skin cancer	<ul style="list-style-type: none">• Surgery to remove the cancerous skin or tumor (growth).• Chemotherapy (uses drugs to kill cancer cells).• Radiation therapy (uses x-rays to kill cancer cells).



September

SUN	MON	TUE	WED	THU	FRI	SAT
	1 Labor Day	2	3	4	5	6
7 National Grandparents Day	8	9	10	11 Patriot Day	12	13
14	15	16	17	18	19	20
21	22	23 Autumn begins	24	25	26 Rosh Hashanah begins at sundown	27 Rosh Hashanah
28	29	30	<p><i>"September 11th changed our world. But with each story of sorrow and pain comes one of hope and courage. As we move forward, all of us have an opportunity to become better people and to learn lessons about heroism, love and compassion."</i></p> <p>Laura Bush</p>			

September Health Activities and Observances

From the **PICK YOUR PATH TO HEALTH CAMPAIGN** (described on page 6 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

Prevention: It's better than cure. Personal Action Steps

Eat a well-balanced diet rich in calcium and vitamin D, it can help prevent osteoporosis.



Ask your local pharmacist where to get a flu shot.



If you are over 40, ask your doctor about mammograms.



Schedule your pap test and pelvic exam.



September 15th begins Latina Women's Health Month

Special issues of concern to Latina women:

- ★ Lack of health insurance and cultural/language barriers make it difficult for Latina women to access health services.
- ★ Diabetes is 2–3 times more common in Mexican American, Cuban American, and Puerto Rican women than women of other racial/ethnic groups.
- ★ Obesity affects more than half of all Mexican American women and is more common in those women who have lived in the U.S. for more than 15 years.
- ★ Latina women have the second highest breast cancer death rate after African American women.
- ★ HIV infection is 7 times higher in Latina women than in Caucasian women.
- ★ Latina women, particularly those from Mexico, Puerto Rico, Central America, and South America are less likely than other women, to get prenatal care.

Health Observances for September

Latina Women's Health Month

Ovarian Cancer Awareness Month

Baby Safety Month

National Cholesterol Education Month

Gynecologic Cancer Awareness Month

National Sickle Cell Month

National Food Safety Education Month

Leukemia and Lymphoma Awareness Month

Healthy Aging Month

National Rehabilitation Week

National 5 A Day Week (21-27)

National Reye's Syndrome Week (21-27)

Family Health and Fitness Days USA (27-30)

Cold and Flu Campaign

S eptember



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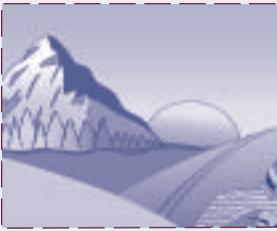
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National Grandparents Day



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Patriot Day — a day to honor those who lost their lives as a result of the terrorist attacks against the United States on September 11, 2001.

(For resources on support groups and coping with traumatic events, go to www.hhs.gov/safety/index.shtml#coping.)

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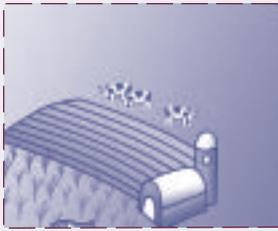
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Autumn begins

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Rosh Hashanah begins at sundown

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Rosh Hashanah

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Health for the Homefront...Understanding Sleep Problems



What They Are and How They Feel

We've all been there — pacing the floor, staring at the ceiling, then finally falling asleep, but only to wake up early. If you are having problems with sleeping, you're not alone. Studies show that one out of every two Americans have problems with not being able to sleep at some point in their lives, affecting women more often than men. Unfortunately, some women have much more serious sleep troubles called sleep disorders. These disorders can cause you to feel sleepy, irritable, and unfocused during the day and tired even when you do sleep. Common sleep disorders include:

Sleep apnea — stopping breathing for a very short time, many times during the night, causing loud snoring at night and sleepiness during the day. If not treated, can lead to high blood pressure, heart disease, heart attack, and stroke.

Narcolepsy — when the brain mixes up messages about when to sleep and when to be awake, making you fall asleep when you don't want to, often without warning. You can also experience sudden loss of muscle control (*cataplexy*), ranging from slight weakness to complete body collapse, or you might see things that aren't there (called *hypnagogic hallucinations*). Doing things that are familiar or routine without knowing that you're doing them is also common, along with a temporary inability to talk or move when falling asleep or waking up (called

sleep paralysis). This disorder can endanger your physical health and affect your relationships and your job.

Insomnia — having trouble falling asleep or staying asleep during the night, with poor sleep quality, making you tired, unfocused, and irritable during the day. You may also wake up during the night and have trouble going back to sleep, or wake up too early in the morning.

Restless legs syndrome (RLS) — having unpleasant feelings or sensations (creeping, crawling, tingling, pulling, or painful) in the legs, mostly in the calves or lower legs. Leg discomfort can worsen when lying down or sitting for long periods of time, and you can feel like you need to constantly move your legs to lessen the discomfort. You might also move your legs or arms during sleep and have trouble falling or staying asleep. Often mistaken for insomnia, stress or arthritis, this disorder can be hard to diagnose.

Diagnosing Sleep Problems

Sleep disorders can be tough to diagnose. A physical exam is done to rule out other physical or psychological conditions, or medications that may be affecting your sleep. Your health care provider might ask you to keep track of your sleep patterns and how you feel during the day, and may want to talk with your bed partner about your sleep. You may be referred to a doctor who specializes in sleep disorders or neurology (the nervous system). Sometimes tests are done at a sleep lab. These can include *polysomnography* to record brain activity, body movements, and nerve and muscle function during nighttime sleep, or the *multiple sleep latency test (MSLT)* to measure the time it takes you to fall asleep and the time it takes you to go into deep sleep.



Treating Sleep Problems

Common treatments for specific sleep disorders include:

Sleep apnea — weight loss; sleeping on your side; nasal continuous positive airway pressure (wearing a nose mask to keep the airway open while sleeping); wearing a dental device to keep the tongue from blocking air; surgery to correct deformities or remove tonsils, nasal polyps or growths; and decongestants for nasal congestion.

Narcolepsy — stimulant drugs such as *modafinil* (Provigil) to keep you awake during the day; and antidepressants to treat symptoms. Caffeine and over-the-counter stimulants don't help to keep you awake.

Insomnia — short-acting hypnotics (sleeping pills); antidepressants; and antihistamines (to make you sleepy). Over-the-counter sleeping pills are **not** recommended.

RLS — hot or cold baths; massaging legs; applying a heating pad or ice packs to legs; benzodiazepines to help with sleep; dopaminergic agents (used to treat Parkinson's disease) to lessen symptoms and nighttime leg movements; opioids

Forming good sleep habits is a key part of treating sleep disorders:

- ★ Go to bed at the same time every night and get up at the same time every morning.
- ★ Stay away from caffeine, nicotine, and alcohol late in the day.
- ★ Get regular exercise but try not to exercise close to bedtime.
- ★ Don't eat a big meal late in the day.
- ★ Keep your sleeping place dark, quiet, cool, and comfortable.
- ★ Create a routine to help you relax and unwind before sleep.
- ★ When unable to fall asleep, get up and do something until you feel sleepy.
- ★ Let go of nighttime worries by making a "to-do" list before you go to bed.

to stop pain and relax muscles; and electrical leg stimulation to reduce nighttime leg jerking.

Your health care provider may also refer you for behavioral therapy to learn techniques to improve your sleep. Some of these include relaxation therapy (deep breathing, muscle relaxing, mind clearing exercises) to reduce or eliminate anxiety and body tension; sleep restriction to reduce time spent in bed unsuccessfully trying to sleep; and reconditioning to associate the bed and bedtime with sleep by using the bed only for sleep and sex.

Note: Self-medicating when you have a sleep disorder is never a good idea. Prescribed medications for these disorders can interact dangerously with other over-the-counter drugs you are taking, especially with herbal remedies like *melatonin* and *valerian*. Make sure to tell your health care provider and pharmacist about all medicines you are taking.

Headaches



What They Are and How They Feel

We've all had headaches — throbbing pain in one or several places in our heads that can ruin our day. Headache pain is caused when certain nerve endings in the scalp, face, throat, or mouth are stimulated by stress, tense/sore muscles, dilated (enlarged) blood vessels, and other triggers like allergies and sinus problems. While most headaches go away fairly quickly, some can become long lasting and so painful that they affect your ability to function. If you have headaches often that keep you from carrying out your daily routine, talk with your health care provider right away. Sometimes headaches are a sign of a serious health problem, like a brain tumor or stroke. The most common types of headaches include:

Tension headaches — feeling like a tight band around the head. Tension headaches are the most common type of headache, and are caused by everyday stress and mishaps. You become angry, tense your muscles, clench your teeth and end up with a splitting headache. Pain ranges from mild to moderate, feeling like pressure is being applied to your head and neck. The headache usually goes away when the stress is over.

Migraine headaches — affecting more women than men, can cause severe pain on one or both sides of the head, upset stomach and nausea, and disturbed vision. The exact cause is unknown, but researchers think that blood vessels in the brain overreact to various triggers, causing nearby blood vessels in the scalp and other areas to not function properly. *Classic migraines* are characterized by auras, or symptoms like seeing flashing lights or zigzag lines and temporary vision loss, about 10 to 30

minutes before the headache starts. You may also have trouble speaking, weakness in an arm or leg, tingling in the face and hands, and feel confused. Attacks can last one to two days. *Common migraines*, which affect more people than classic migraines, do not cause auras, but you may have mental fuzziness, mood changes, fatigue, diarrhea, increased urination, vomiting, and unusual fluid retention (bloating) before the headache. Pain can last for three or four days. Stress, fatigue, environmental conditions (glaring lights, weather changes), certain foods (including yogurt, nuts, and lima beans), low blood sugar, and hormonal changes (with menstruation, pregnancy, menopause) are thought to trigger migraines. You can have classic or common migraines as often as several times a week or as rarely as once every few years. These headaches are thought to run in families.

Cluster headaches — occur more in men than in women and are especially common in spring and fall. These headaches tend to happen over a group of weeks and months at about the same time of day or night. Starting with minor pain around one eye, the headache spreads to that side of the face, building in intensity and pain. The affected eye can become red and teary, the eyelid can droop, and you can also have a stuffed and runny nose. Feelings of relief after these 30 to 45 minute-long headaches are often short-lived, because you start dreading the next attack. While their cause is unknown, certain things seem to bring these headaches on, such as nicotine and alcohol. Sometimes cluster headaches go away without treatment for a few months or years. These headaches do not run in families.

Diagnosing Headaches

Headaches are diagnosed with an exam and medical history. You will be asked to describe the headaches in detail, including the type and location of the pain, how long they last, and when they first began, and any past head trauma or surgery, eye strain, sinus problems, dental problems, trouble with opening and closing the jaw, and medications. You might also be asked about your sleep habits and family and work situations. Other conditions may need to be ruled out like certain brain tumors, *aneurysm* (blood clot on the brain), or *meningitis* (a viral infection in the brain or nervous system). Your health care provider may order:

- ★ **Blood tests** to look for thyroid disease, anemia (below-normal levels of iron in the blood), or infections that can cause headaches.

- ★ **Electroencephalogram (EEG)** to look for brain malfunctions.
- ★ **Computed tomographic (CT) or magnetic resonance imaging (MRI) scan** to look for bleeding in the brain and brain tumors.

Treating Headaches

Headaches are treated with medication, stress management techniques, or a combination of both to relieve as well as prevent them. Stress management techniques include biofeedback (teaches you to have more control over body functions such as blood pressure, heart rate, temperature, muscle tension) and relaxation techniques (like deep breathing, muscle relaxation, meditation).

Medications and Other Treatments	
Headache Type	Treatment
Tension	<p>To relieve pain and treat symptoms:</p> <ul style="list-style-type: none">• Aspirin and <i>acetaminophen</i> (Tylenol).• Prescription pain killers like <i>propoxyphene</i> and <i>codeine</i>.• Antidepressants or MAO inhibitors.• Hot shower or moist heat applied to the back of the neck.• Physical therapy, massage, and gentle exercise of the neck.
Migraine	<ul style="list-style-type: none">• Elimination of foods that trigger migraines (varies from person to person).• Small amounts of caffeine (if taken in the early stages of an attack). <p>To relieve pain and treat symptoms:</p> <ul style="list-style-type: none">• <i>Acetaminophen</i> (Tylenol) or aspirin (for mild migraines).• Serotonin agonists like <i>sumatriptan</i>.• Vasoconstrictors like <i>ergotamine tartrate</i> (to help constrict, or reduce dilated, inflamed blood vessels). <p>To prevent headaches (usually recommended when you have migraines that occur 3 or more times a month; these medications can have serious side effects and must be taken under a doctor's close supervision):</p> <ul style="list-style-type: none">• <i>Methysergide maleate</i> (helps counteract blood vessel constriction).• <i>Propranolol hydrochloride</i> (stops blood vessel dilation).• <i>Amitriptyline</i> (tricyclic antidepressant).• MAO inhibitors (antidepressants).• <i>Valproic acid</i> (an anticonvulsant).• <i>Verapamil</i> (a calcium channel blocker).

Medications and Other Treatments (Continued)

Headache Type	Treatment
Cluster	<p>To relieve pain and treat symptoms:</p> <ul style="list-style-type: none">• Small amounts of caffeine (if taken in the early stages of an attack).• <i>Sumatriptan</i> (works best when taken at first sign of an attack).• Injections of <i>dihydroergotamine</i>, a form of <i>ergotamine tartrate</i>.• <i>Corticosteroids</i> (steroids) by mouth or injection.• Rapid inhalation of pure oxygen through a mask for 5 to 15 minutes (seems to ease pain by reducing blood flow to the brain).• Surgery to cut or destroy certain facial nerves (to provide relief in extreme cases). <p>To prevent headaches:</p> <ul style="list-style-type: none">• <i>Propranolol</i>, <i>methysergide</i>, <i>valproic acid</i>, <i>verapamil</i>, and <i>lithium carbonate</i>.



“Women are the primary caregivers in every family ...they are the first line of every family’s defense against illness and injury.”

Tommy G. Thompson

October

SUN	MON	TUE	WED	THU	FRI	SAT
<i>"We have made great medical strides in understanding breast cancer. To prevent breast cancer, we must increase awareness of its risk factors and causes."</i> George W. Bush			1	2	3	4
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Yom Kippur begins at sundown	Yom Kippur					
12	13	14	15	16	17	18
	Columbus Day					
19	20	21	22	23	24	25
26	27	28	29	30	31	
Daylight Savings Time ends					Halloween	

October Health Activities and Observances

From the **PICK YOUR PATH TO HEALTH CAMPAIGN** (described on page 6 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

Violence Prevention: Empower yourself Personal Action Steps

Make a list of safe places you can go to protect yourself from abuse.



Empower yourself! Sign up for a self-defense class.



Keeping abuse a secret does not help anyone. Call 1-800-799-SAFE (English and Spanish).



Help a friend in danger.



Health Observances for October

National Breast Cancer Awareness Month

Domestic Violence Awareness Month

National Family Sexuality Education Month

National Dental Hygiene Month

National Spinal Health Month

National Physical Therapy Month

National Liver Awareness Month

Healthy Lung Month

National Lupus Awareness Month

Sudden Infant Death Syndrome
Awareness Month

Family Health Month

Mental Health Awareness Week (5-11)

National Mammography Day (17)

Notes



October

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Yom Kippur begins at sundown



October

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Yom Kippur

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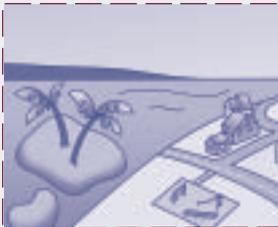
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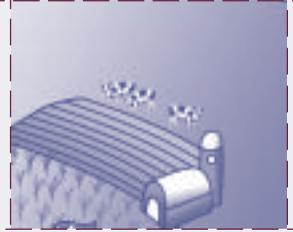
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Daylight Savings Time ends

October



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Halloween

Health for the Homefront...Understanding Bleeding Disorders



What They Are and How They Feel

Many women don't think of unusual bleeding as a problem, but excessive bleeding could mean that you have a bleeding disorder. When you have a bleeding disorder, your blood platelets (blood cells) are not working like they should, or there may not be enough platelets or clotting factors (proteins that help you stop bleeding) in your blood. This can make it hard for you to stop bleeding and you can bleed for longer periods of time than normal. These disorders tend to run in families and can be hard to detect in women. Common symptoms of bleeding disorders include heavy bleeding with menstrual periods, unusual bleeding after injury or surgery, bleeding from small cuts that starts and stops over several hours, frequent or prolonged nosebleeds, and unusual bleeding from the mouth or gums after a tooth extraction. If you have excessive bleeding, or any symptoms of a bleeding disorder, it's important to let your health care provider know. The most common types of bleeding disorders are:

Heavy menstrual bleeding (menorrhagia) — when menstrual bleeding lasts longer than normal (5 to 7 days) or is heavier than usual. While not necessarily caused by a bleeding disorder, heavy bleeding can be a symptom of *von Willebrand Disease*. Certain gynecological diseases (fibroids, tumors), using an intrauterine device (IUD) for birth control, and taking medications can cause this condition.

von Willebrand Disease (VWD) — lesser known than hemophilia, VWD is the most common bleeding disorder in women. This disease causes bleeding in the intestines, bleeding gums, and heavy menstrual periods in women that can be painful.

Hemophilia — affecting mostly men, this well-known disease doesn't actually cause a person to bleed to death from cuts. Caused by not having certain blood clotting factors in the blood, this disorder causes problems with internal bleeding into the joints, muscles, and organs.



Diagnosing Bleeding Disorders

Bleeding disorders are diagnosed by a physical exam and symptom history. You should be asked when symptoms began, prior history of symptoms, other medical conditions, medications, and family history of these disorders. Your health care provider may refer you to a hematologist (doctor with special training in bleeding disorders). A variety of tests may be ordered, including:

- ★ **Pap test** to check for cervical problems, including cancer of the cervix.
- ★ **Endometrial biopsy** (cells are removed from the uterine wall) to look for uterine problems, including cancer of the uterus.
- ★ **Pelvic ultrasound** (examines pelvic organs, using sound waves projected on a computer screen) to look for fibroids, tumors, and other abnormalities.
- ★ **Blood tests** including VWD blood test, complete blood count, platelet count (blood cells that help your blood clot), prothrombin time or PT test (evaluates and monitors bleeding disorders), and tests to identify deficiency of specific clotting factors.
- ★ **Other lab tests**, such as thyroid function tests and pregnancy test.



Treating Bleeding Disorders

Sometimes bleeding disorders cause only minor bleeding problems that need no treatment, but oftentimes, if a bleeding disorder is not diagnosed and treated, it can cause serious or life threatening problems. For example, you can have severe bleeding during and after childbirth or with a miscarriage, during or after dental or other kinds of surgery, and after an injury or accident. You can also suffer internal bleeding, as well as bleeding in the brain. Be sure to tell your health care providers if you know that you have one of these disorders, especially before dental procedures, surgery, pregnancy, and childbirth. And, always wear a medical alert bracelet if you have one of these disorders. Treatment for bleeding disorders can vary, depending on the severity of the disorder and your symptoms.

Heavy Menstrual Bleeding

Treatments for heavy menstrual bleeding include:

- ★ **Ibuprofen** (Advil, Nuprin), prescription strength and over-the-counter to relieve pain and discomfort.
- ★ **Dilation and curettage (D and C)** to remove the lining of the uterus to help ease bleeding or to ensure that the uterus is empty following a miscarriage.
- ★ **Endometrial ablation**, applying heat, laser, or radio waves to the inside of the uterus (womb) to control bleeding.
- ★ **Hysterectomy** to remove the uterus (only in extreme cases).
- ★ **Birth control pills** to regulate periods and reduce bleeding.

Hemophilia and von Willebrand Disease

Treatment for these disorders focuses on controlling and preventing bleeding:

- ★ **Infusions** (injection of a fluid into the bloodstream through a vein) of blood products called blood factors to replace defective clotting factors, depending on the type of hemophilia you have.
- ★ **Infusions of the drug *desmopressin* (DDAVP)** for hemophilia and VWD to prevent and control bleeding; DDAVP can also be given as a nasal spray.
- ★ **Infusions of plasma** (a blood product) to stop bleeding episodes with hemophilia and VWD.

- ★ **Surgery** to replace a joint like a knee or a hip with an artificial joint (in extreme cases of hemophilia).
- ★ **Physical therapy** to ease joint damage from hemophilia and promote joint mobility.
- ★ **Regular exercise** (without overdoing it) to build muscle to protect joints from damage caused by hemophilia.

Note: If you have frequent infusions, you can be at higher risk for developing *hepatitis B*, a blood-borne infectious disease. Talk with your health care provider about being tested and vaccinated for hepatitis B.



"I am proud to recognize the many contributions American women have made to help make our Nation free, strong, and a force for peace and justice around the world."

George W. Bush

November

SUN	MON	TUE	WED	THU	FRI	SAT
<p><i>"We are the land. To the best of my understanding, that is the fundamental idea that permeates American Indian life."</i></p> <p>Paula Gunn Allen</p>						1
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		Veterans Day				
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30				Thanksgiving Day		

November Health Activities and Observances

From the **PICK YOUR PATH TO HEALTH CAMPAIGN** (described on page 6 of this daybook and on NWHIC's web site at www.4woman.gov/pypth) here are this month's theme and action steps toward better health.

Tobacco Use: Smoking Personal Action Steps

Find a support program in your community to help you stop smoking. Call 1-800-994-WOMAN.



If you haven't started smoking, don't start.



Create a no-smoking rule in your house.



Ask your health provider about methods to help you quit smoking.



November is Native American Women's Health Month

Important health issues of special concern to Native American women:

- ★ Accidental death and injury rates for Native American women are nearly 3 times the national average, many of which are associated with not using seatbelts, alcohol use and violence.
- ★ Diabetes is common in Native American women. In some tribes, as many as half of the women have diabetes.
- ★ The numbers of babies born to Native American women with fetal alcohol syndrome are very high because of the high rates of drinking during pregnancy.
- ★ Deaths from tuberculosis are 5 times higher in Native American women than the national average.
- ★ Native American women have the highest lung cancer rates of all American women, due to high rates of smoking.



Health Observances for November

American Diabetes Month
National Alzheimer's Awareness Month
National Epilepsy Month
National Marrow Awareness Month
Diabetic Eye Disease Month
GERD Awareness Week (23-29)
(gastroesophageal reflux disease)
National Osteopathic Medicine Week
National Adoption Week (23-29)
Great American Smokeout (20)

Notes



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Veterans Day

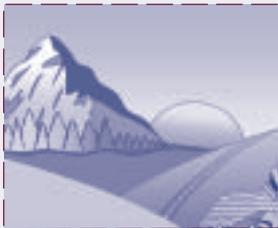
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Thanksgiving Day

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Health for the Homefront... Understanding Violence in Your Life



What It Is and How It Makes You Feel

Violence against women affects all racial, cultural and economic backgrounds. It is a leading cause of injury for American women between the ages of 15 and 54, but it can happen at any age. Acts of violence have terrible and costly results for everyone involved, including families, communities, and society. The most common forms of violence are:

Domestic violence — also called *intimate partner violence*, is when one person purposely causes either physical or psychological harm to another, including physical abuse, psychological/emotional abuse, sexual assault, isolation, or economic abuse (controlling all of the victim's money, shelter, time, food, etc.). Usually, the violent person is a husband, former husband, boyfriend, or ex-boyfriend, but sometimes the abuser is female. This very common problem should be taken very seriously. One in four women report that they have been victims of domestic violence or stalking by someone they know.

Sexual assault and abuse — is any type of sexual activity that you do not agree to, including inappropriate touching, vaginal penetration, sexual intercourse, rape, attempted rape, and child molestation. It also can be verbal, visual, or any other form which forces a person to participate in unwanted sexual contact or attention like voyeurism, exhibitionism, incest, and sexual harassment. It can happen in different situations, by a stranger in an isolated place, on a date, or during domestic violence. Almost half of all rapes each year are committed by a friend or an acquaintance, and most offenders are male. Sometimes, a victim might unknowingly be given alcohol or "date rape" drugs, which make a person unable to

resist assault, and have a type of amnesia so she is uncertain about what happened.

Elder abuse — when older persons are abused, neglected and exploited by family members and others. Many victims are people who are older and frail, and depend on others to meet their most basic needs. Ninety percent of offenders are family members of the victim. Elder abuse can include physical abuse, sexual abuse, psychological abuse, financial exploitation (using the resources of an older person, without his/her consent for someone else's benefit), and neglect.

Signs You Are Being Abused

Sometimes it is difficult and confusing to admit that you are in an abusive relationship, or to find a way out, but there are clear signs to help you know if you are being abused. **If the person you love or live with does any of these things to you, it's time to get help:**

- ★ Keeps track of what you are doing all the time and criticizes you for little things.
- ★ Constantly accuses you of being unfaithful.
- ★ Prevents or discourages you from seeing friends or family, or going to work or school.
- ★ Gets angry when drinking alcohol or using drugs.
- ★ Controls all the money you spend.
- ★ Humiliates you in front of others.
- ★ Destroys your property or things that you care about.
- ★ Threatens to hurt you or the children or pets, or does cause hurt (by hitting, punching, slapping, kicking, or biting).
- ★ Uses or threatens to use a weapon against you.
- ★ Forces you to have sex against your will.
- ★ Blames you for his/her violent outbursts.

Signs of Elder Abuse

Unfortunately, as the numbers of elderly people grow in our country, so do the cases of elder abuse. Elderly people can be abused in their homes, in the home of a caregiver, or in an institution like a nursing home. **If the elderly person you love, live with, or take care of has any of these signs of abuse, it's time to get them help.**

Type of Elder Abuse	Signs
Physical abuse — hitting, slapping, beating, pushing, shoving, kicking, pinching, and burning.	<ul style="list-style-type: none">• Bruises, black eyes.• Marks on body like welts, cuts, and open wounds.• Sprains, dislocations (like a shoulder), or broken bones.• Injuries that are healing but were never treated.• Rope marks or burns on hands and feet (could mean an elder has been tied up or restrained).• Broken eyeglasses or frames.• Sudden change in behavior.• Not wanting to be alone with caregiver.• Caregiver not letting anyone visit the elder alone.• Running out of prescription medicine too quickly or having prescription medicine that looks like it is not being taken like it should be (bottle too full).• The elder tells you they are being physically hurt.
Emotional or psychological abuse — verbal assaults, threats, intimidation, harassment, isolating elder from regular activities, family, and friends.	<ul style="list-style-type: none">• Being in an upset or agitated state.• Becoming withdrawn and not wanting to talk or interact with anyone.• Unusual behavior like rocking, biting, or sucking (usually thought to be symptoms of dementia).• The elder person tells you they are being mistreated.
Sexual assault and abuse — any sexual contact that is not agreed to by the elder like unwanted touching and all types of sexual assault.	<ul style="list-style-type: none">• Bruises on or around the breasts or genitals.• Unexplained sexually-transmitted diseases (STDs) or vaginal or anal bleeding.• Torn, stained, or bloody underwear.• The elder person tells you they were sexually assaulted or raped.
Neglect — not taking proper care of an elder, including physical care (food, clothing, shelter, medicine, personal hygiene) and financial care (not paying for living arrangements, care, and other bills).	<ul style="list-style-type: none">• Poor hygiene, dehydration, malnutrition, bed sores that aren't being treated (if bedridden).• Health problems that aren't being treated.• Unsafe living conditions (no heat, electricity or water, faulty wiring).• Poor living conditions (dirt, fleas, soiled bedding, clothes and bedding smelling like urine/feces, improper clothing, lice on the elder).• The elder person tells you they are being neglected.

Treating Violence

Get Help for Domestic Violence

If you are abused or have a loved one who is abused, get help. Learn how to minimize your risk of becoming a victim of sexual assault or abuse before you find yourself in an uncomfortable or threatening situation. **Find a state-by-state list of places to get help at www.4woman.gov/violence/state.cfm.** Other things you can do include:

- ★ Leave immediately if you or your children are in danger! Call a crisis hotline or the **National Domestic Violence Hotline 800-799-SAFE or TDD 800-787-3224**, which is available 24 hours a day, 365 days a year, in English, Spanish, and other languages. It can give you the phone numbers of local hotlines and other resources.
- ★ Understand that you're not alone. Many women are victims of domestic abuse.
- ★ Don't ignore it or wait for it to go away. It won't go away.
- ★ Don't keep it to yourself. Get help. Talk with someone: a family member, friend, colleague, or faith counselor.
- ★ If you've been hurt, get medical attention and call the police. Abuse is a crime. The police can help you find information about shelters.
- ★ Make plans for what you will do if you're attacked again.
- ★ If you decide to leave, choose a place to go and set aside some money. Put important papers — marriage license, birth certificates, checkbook, and irreplaceable papers and items — in a place where you can get them quickly.
- ★ Contact your family court for information about getting a civil protection order.

Get Help for Sexual Assault

Take steps right away if you've been sexually assaulted:

- ★ Get away from the attacker to a safe place as fast as you can.
- ★ Call a friend or family member you trust. You also can call a crisis center or a hotline to talk with a counselor. One national hotline is the **National Domestic Violence Hotline 800-799-SAFE or TDD 800-787-3224**. Feelings of shame, guilt, fear and shock are normal. It is important to get counseling from a trusted professional.
- ★ Do not wash, comb, or clean any part of your body, or change clothes if possible, so the hospital staff can collect evidence. Do not touch or change anything at the scene of the assault.
- ★ Then, go to your nearest hospital emergency room as soon as possible. You need to be examined, treated for any injuries, and screened for possible sexually transmitted diseases (STDs) or pregnancy. The doctor will collect evidence using a rape kit for fibers, hairs, saliva, semen, or clothing that the attacker may have left behind.
- ★ You or the hospital staff can call the police from the emergency room to file a report.
- ★ Ask the hospital staff about possible support groups you can attend right away.

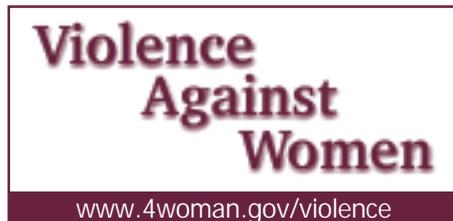
Note: You can help someone who is abused or who has been assaulted by listening, believing, and offering comfort. Go with her or him to the police, the hospital, or to counseling. Reinforce the message that she or he is not at fault, and that it is natural to feel angry and ashamed.

Get Help for Elder Abuse

To better protect your loved one and make sure they get the care and services they need, every case of elder abuse should be reported to the local authority in your area. Reporting procedures differ in each state, but a good place to start is by looking in your area phone book for numbers of the Adult Protective Services (APS) agency, Agency or Department on Aging, or Department of Social Services. Many states have 24-hour toll free numbers for receiving confidential reports of abuse.



When an elder is in immediate danger, it is best to call 911 or the local police. You can get more information on elder abuse from the National Center on Elder Abuse on the world-wide web at www.elderabusecenter.org. For help with locating elder care services, call the Administration on Aging nationwide toll free Eldercare Locator at 800-677-1116.



“Domestic violence in America is intolerable and must be stopped. Every citizen has the ability to aid and assist those suffering from domestic abuse and to let victims know that support is available through shelters, hotlines, and other services.”

George W. Bush

Osteoarthritis and Rheumatoid Arthritis



What They Are and How They Feel

From time to time we all feel like we need to get out the oil can to ease the stiffness in our bodies, especially in the morning! But unlike morning stiffness that goes away, arthritis can make you feel stiff, sore, and achy all the time. Arthritis affects the joints — the places in the body where bones meet like elbows, knees, and hips. Ranging from mild to severe, common symptoms of arthritis include swelling, redness, stiffness, and joint pain. You can also have fever, weight loss, and skin rashes or itches. There are over 100 kinds of *arthritic*, or *rheumatic*, diseases. Two of the most common of these diseases, which are also the most commonly confused, are:

Osteoarthritis — also called *degenerative joint disease*, is the most common of the arthritic diseases, affecting the cartilage (tissue that cushions and protects the ends of bones in a joint). Over time, cartilage starts to wear away and can sometimes wear completely away, leaving nothing to protect the bones in a joint, causing painful bone-on-bone contact. Bones may also bulge, or stick out at the end of a joint (called a bone spur). Symptoms include joint pain, stiffness, and limited range of motion (ability to freely move and bend a joint). When severe, a joint can lose all movement, causing you to become disabled (happens most often when the spine, knees,

and hips are affected). No one knows for sure what causes osteoarthritis, but extreme stress on a joint may play a role in how the disease develops. Stress can be caused by weak cartilage (which runs in families) or from repeated injury to joints. Being overweight and aging also can increase your chances of getting osteoarthritis. Researchers aren't sure why, but women are generally affected by this disease at a younger age than are men.

Rheumatoid arthritis — happens when the body's immune system (which fights off infection) turns on itself, attacking healthy joints, tissues, and organs. While its cause is unknown, this autoimmune disease affects women more than it does men, inflaming the lining (or synovium) of joints. Symptoms include pain, stiffness, swelling, redness on your skin around joints, and loss of function in joints. When severe, it can deform, or change a joint (like causing a finger to bend or





curve). This disease affects mostly joints of the hands and feet and tends to be symmetrical (meaning that the same joints on both sides of the body like both hands or both feet are affected at the same time).

Diagnosing Osteoarthritis and Rheumatoid Arthritis

Because both osteoarthritis and rheumatoid arthritis share similar symptoms, they can be hard to tell apart. But, rheumatoid arthritis is the only arthritic disease that has symmetry, which helps health care providers to distinguish it from osteoarthritis and other arthritic diseases. To diagnose your condition, a

physical exam will be done to look for swelling, redness, warmth, deformity, ease of movement, and tenderness in your joints. Because rheumatoid arthritis can affect your organs, your heart, lungs, eyes, ears, throat and other parts of your body may be examined as well. Lab tests may be ordered and samples of blood, urine, or synovial fluid may be taken. You may be referred to a rheumatologist (a doctor who specializes in arthritis) for further diagnosis and treatment.

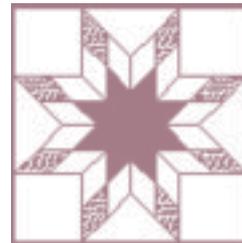
Treating Osteoarthritis and Rheumatoid Arthritis

Arthritis treatment focuses on reducing pain and swelling in the joints, keeping the joints moving, and preventing the disease from worsening. You may be referred to a physical therapist for help with developing an exercise routine. Treatments include:

- ★ **Over-the-counter medicines** like analgesics (aspirin), other nonsteroidal anti-inflammatory drugs, or NSAIDs (Advil, Motrin, Nuprin), and *acetaminophen* (Tylenol).
- ★ **Prescription drugs** to relieve pain, such as *celecoxib* (Celebrex) and *rofecoxib* (Vioxx).
- ★ **Over-the-counter creams and sprays** for pain relief.
- ★ **Corticosteroids** (*prednisone*, *cortisone*, *solumedrol*, *hydrocortisone*) to decrease inflammation and suppress the immune system (used for rheumatoid arthritis) taken by mouth, injection, or applied as creams to the skin.
- ★ **Applying heat or ice** to reduce pain and inflammation.
- ★ **Daily exercise** (without overdoing it) to keep the joints moving and strengthen the muscles around the joints.

- ★ **Controlling or losing weight** to reduce stress on joints.
- ★ **Hydrotherapy** (exercising or relaxing in warm water) to help relax tense muscles and relieve pain.
- ★ **Mobilization therapy**, including traction (gentle, steady pulling), massage, and manipulation (using the hands to restore normal movement to stiff joints) to help control pain and increase joint motion and flexibility.
- ★ **Relaxation therapy**, or learning ways to release muscle tension by yourself, such as progressive relaxation where you tighten muscle groups one by one, relaxing tension throughout your body.
- ★ **Surgery** to repair or replace damaged joints, such as having an artificial knee or hip put in your body to take the place of the damaged joint (in severe cases).

Note: Be wary of the many over-the-counter products that you can buy that promise to cure or ease arthritis, but don't (like copper bracelets). Some of these products, such as snake venom, are even harmful. Always talk with your health care provider before using any over-the-counter product, including natural or herbal remedies.



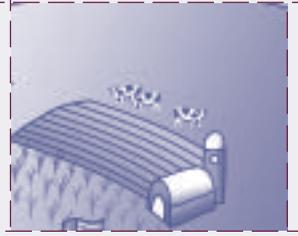
“Cherish your human connections: your relationships with friends and family.”

Barbara Bush

December

SUN	MON	TUE	WED	THU	FRI	SAT
	1 World AIDS Day	2	3	4	5	6
7 National Pearl Harbor Remembrance Day	8	9	10	11	12	13
14	15	16	17	18	19 Hanukkah begins at sundown	20 Hanukkah
21	22 Winter begins	23	24	25 Christmas	26 Kwanzaa	27
28	29	30	31	<i>"You can never go home again but the truth is you can never leave home so it's all right."</i> Maya Angelou		

December



Mon

1

World AIDS Day

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National Pearl Harbor Remembrance Day



December

Mon

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December



Mon

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Hanukkah begins at sundown

Sat

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Hanukkah

Sun

21



December

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Winter begins

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Christmas

Fri

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Kwanzaa

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December



Mon
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31

New Year's Eve

Notes

2003

January 2003

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February 2003

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April 2003

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May 2003

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June 2003

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July 2003

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August 2003

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September 2003

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November 2003

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2004

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February 2004

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August 2004

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September 2004

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October 2004

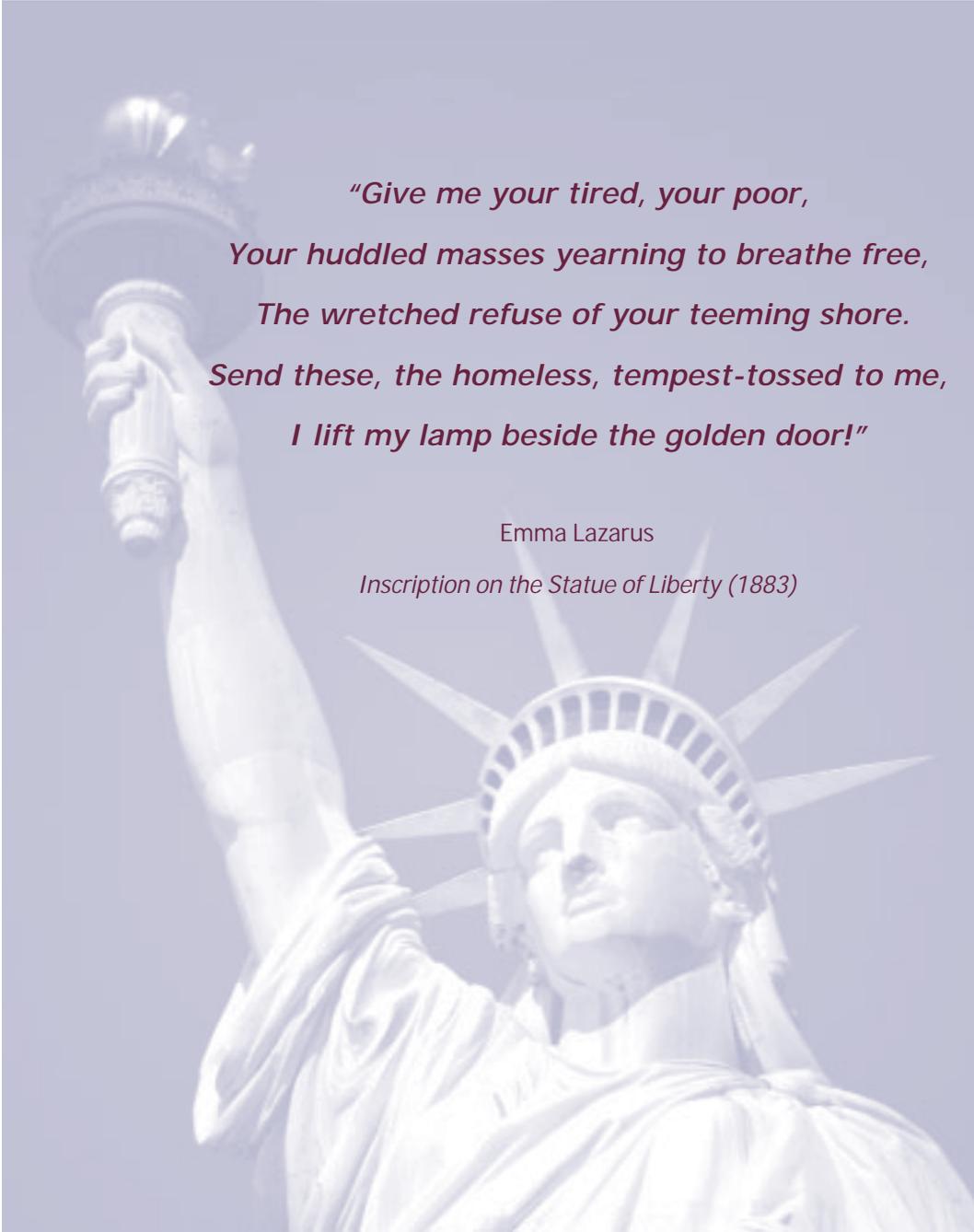
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November 2004

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December 2004

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*“Give me your tired, your poor,
Your huddled masses yearning to breathe free,
The wretched refuse of your teeming shore.
Send these, the homeless, tempest-tossed to me,
I lift my lamp beside the golden door!”*

Emma Lazarus

Inscription on the Statue of Liberty (1883)

A State-by-State Guide to Women's Health Resources

We know how hard it can be sometimes to find the time to learn about health resources in your community. With the generous assistance of many states, jurisdictions, and territories, we've assembled this handy reference guide of women's health resources. This guide is meant to be a starting place for you to find women's health resources in your local area. While it does not list every program or resource in your area, it does include information on helpful programs and other places you can turn to for women's health information and services. Two programs are highlighted for all states, jurisdictions, and territories:

★ **Women, Infants, and Children (WIC) Supplemental Nutrition Program** — provides nutritional assistance to women while pregnant and through an infant's first birthday, and to children through their fifth

birthday. There are income eligibility requirements for this program. For more information, contact the WIC office listed for your locale in this guide or visit the WIC program web site at www.fns.usda.gov/wic.

★ **National Breast and Cervical Cancer Early Detection Program** — provides education to the general public and health care providers, and offers breast and cervical cancer screening for women. This program also has eligibility requirements. Visit: www.cdc.gov/cancer/nbccedp/index.htm or call 888-842-6355.

Lastly, but importantly, each state, jurisdiction, and territory has a special women's health contact. To find your area's women's health contact, contact the National Women's Health Information Center.

Alabama

Volunteer Resource

Governor's Office on National & Community Service
RSA Union Building
Montgomery, AL 36130
Phone: 334-242-7110

Breast and Cervical Cancer Early Detection Program
877-252-3324

Women, Infants, and Children (WIC) Supplemental Nutrition Program
Division of WIC
Bureau of Family Health Services
Alabama Department of Public Health
RSA Tower, Suite 1300
P.O. Box 303017
Montgomery, AL 36130-3017
Phone: 334-206-5673 or 800-654-1385
Fax: 334-206-2914
www.adph.org/wic



Other State Resources For Women

Alabama Coalition Against Domestic Violence
4518 Valleydale Road, Suite 201
Birmingham, AL 35242
Phone: 205-380-2395

Alabama Coalition Against Rape
P.O. Box 4091
Montgomery, AL 36102
Phone: 334-264-0128

Alabama Women's Initiative, Inc.
P.O. Box 59323
Birmingham, AL 35259-9323
Phone: 205-991-3221



Alaska

Disability Resource

Division of Vocational Rehabilitation
Juneau Branch Office
10002 Glacier Highway, Suite 101
Juneau, Alaska 99801-8569
Phone: 907-465-2814



State Flower
Forget Me Not

Volunteer Resource

United Way of Anchorage
Phone: 907-263-3821

Breast and Cervical Cancer Early Detection Program

800-478-2221 or 907-269-3491

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Division of Public Health
Nutrition Services - WIC
P.O. Box 110612
Juneau, AK 99811-0612
Phone: 907-465-3100
Fax: 907-465-3416



State Bird
Willow Ptarmigan

www.hss.state.ak.us/dph/mcfh/programs/WIC/wic.htm

Other State Resources For Women

AK Info: 800-478-2221
www.ak.org

Alaska Family Violence Prevention Project (AFVPP) and Clearinghouse: 907-269-3400 or 800-799-7570
www.hss.state.ak.us/dph/mcfh/akfvpp/descrip.htm

Statewide Women's Health Partnership: 907-929-2722
www.alaskapca.org

American Samoa

Disability Resource

American Samoa Disability
Resources: www.idonline.org/finding_help/local_org/am_samoa.html



American Samoa

Other Resources for Women

Medical Services Department
American Samoa Government
Territory of American Samoa
Pago, Pago, AS 96799

Arizona

Volunteer Resource

Points of Light Foundation Volunteer Center: 800-865-8683

Breast and Cervical Cancer Early Detection Program

888-257-8502

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Office of Nutrition Services
Department of Health Services
State Health Building
2927 North 35th Avenue, Suite 400
Phoenix, AZ 85017
Phone: 602-542-1886 or 800-252-5WIC (800-252-5942)
Fax: 602-542-1890 or 1804
www.hs.state.az.us/cfhs/ons/wic.htm



State Flower
Saguaro Cactus

Other State Resources For Women

State of Arizona Web Site: www.az.gov

Arizona Department of Health Services:
www.hs.state.az.us

Community Information and Referral: 602-263-8856 or 800-352-3792

Arizona Child Care Resource and Referral:
800-308-9000

Governor's Community Policy Office
1700 West Washington, Suite 101
Phoenix, AZ 85007
Phone: 602-542-4043
www.governor.state.az.us



State Bird
Cactus Wren

Arkansas

Disability Resource

Department of Human Services
Division of Aging and Adult Services
P.O. Box 1437, Slot S530
700 South Main Street, Fifth Floor
Little Rock, AR 72203-1437
Phone: 501-682-2441
www.state.ar.us/dhs/aging



State Flower
Apple Blossom

Volunteer Resource

Division of Volunteerism
P.O. Box 1437, Slot S230
700 South Main Street, Second Floor
Little Rock, AR 72203-1437
Phone: 501-682-7540

Breast and Cervical Cancer Early Detection Program

BreastCare: 877-670-CARE (877-670-2273)

Women, Infants, and Children (WIC) Supplemental Nutrition Program

WIC
Arkansas Department of Health
5800 West 10th Street
Little Rock, AR 72204
Phone: 501-661-2473 or 800-235-0002
Fax: 501-661-2004

Other State Resources For Women

Breastfeeding Information: 800-445-6175



State Bird
Mockingbird

California

Disability Resource

California State Department of Rehabilitation:
-Assistive Technology: 916-263-8687 or 916-263-8685 (TTY); Email: atinfo@dor.ca.gov
-Blind Services: 916-263-8953; Email: blindinfo@dor.ca.gov
-Client Assistance Program: 916-263-7367 or 800-598-3273 (TTY); Email: capinfo@dor.ca.gov
-Deaf and Hard of Hearing Services: 916-263-8938 or 916-263-7481 (TTY); Email: dhhs@dor.ca.gov
-Independent Living: 916-263-8944; Email: ilinfo@dor.ca.gov

Volunteer Resource

California Federation of Women's Clubs
3350 Shelby Street, Suite 200
Ontario, CA 91764
Phone: 909-944-2522



State Bird
California
Valley Quail

Breast and Cervical Cancer Early Detection Program

Every Woman Counts: 800-511-2300

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Supplemental Nutrition Branch
Department of Health Services
3901 Lennane Drive
Sacramento, CA 95834
Phone: 916-928-8806 or
888-WICWORKS (888-942-9675)
FAX: 916-928-0706
www.wicworks.ca.gov



State Flower
California Poppy

Other State Resources For Women

MediCal: 800-427-1295

Colorado

Breast and Cervical Cancer Early Detection Program

303-692-2600

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Nutrition Services
Colorado Department of Health
FCHSD-NS-A4
4300 Cherry Creek Drive, South
Denver, CO 80246-1530
Phone: 303-692-2400
Fax: 303-756-9926
www.cdphs.state.co.us/ps/ns/wic/wichom.asp



State Flower
Rocky Mountain
Columbine

Other State Resources For Women

Elderly Abuse Prevention Program
1905 Sherman Street, Suite 920
Denver, CO 80203
Phone: 303-831-4043

Denver Indian Center
4407 Morrison Road
Denver, CO 80219
Phone: 303-936-2688

Colorado Housing Assistance Corporation
670 Santa Fe Drive
Denver, CO 80204
Phone: 303-572-9445

Colorado Division of Employment and Training
1515 Arapahoe Street
Tower 2, Suite 400
Denver, CO 80202
Phone: 303-318-8800



State Bird
Lark Bunting

Connecticut

Disability Resource

Office of Protection and Advocacy for Persons with Disabilities: 800-842-7303 (Voice and TTY) or 860-297-4300

Breast and Cervical Cancer Early Detection Program

800-203-1234 or 860-509-7804

Women, Infants, and Children (WIC) Supplemental Nutrition Program

State WIC Program
Department of Public Health
410 Capitol Avenue MS #11WIC
P.O. Box 340308
Hartford, CT 06134-0308
Phone: 860-509-8084 or 800-741-2142
Fax: 860-509-8391



State Bird
Robin

Other State Resources For Women

Office of Health Care Access: 800-797-9688

Department of Children and Families: 860-418-7001 or 800-842-2288

Capital Region Mental Health Center, Mental Health and Addiction Services: 860-297-0800



State Flower
Mountain Laurel

Delaware

Disability Resource

Services for Aging and Adults with Physical Disabilities
1901 North DuPont Highway
Herman Holloway Campus
New Castle, DE 19720
Phone: 302-577-4791

Volunteer Resource

Division of State Service Centers
Office of Volunteerism
1901 North DuPont Highway,
Debnam Building
New Castle, DE 19720
Phone: 302-255-9748 or 800-815-5465

Incarcerated Women Resource

Delaware Treatment Access Center: 302-577-2711

Breast and Cervical Cancer Early Detection Program

800-464-4357 or 800-273-9500



State Flower
Peach Blossom

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Delaware Health and Social Services
Division of Public Health
WIC Program
Blue Hen Corporate Center
655 Bay Road, Suite 4-B
Dover, DE 19901
Phone: 302-739-4614, 302-739-3671,
or 800-222-2189
Fax: 302-739-3970



State Bird
Blue Hen

Other State Resources For Women

Delaware Helpline: 800-464-HELP (800-464-4357) or 800-273-9500

Healthy Mothers, Healthy Babies Coalition
Perinatal Association of Delaware
Phone: 302-654-1088 or 302-984-BABY
www.healthybabies.org

District of Columbia

Volunteer Resource

Greater DC Cares
1411 K Street, NW, Suite 1200
Washington, DC 20005
Phone: 202-289-7378
Fax: 202-289-4108
www.dc-cares.org



District Bird
Wood Thrush

Breast and Cervical Cancer Early Detection Program

Phone: 888-833-9474 or 877-672-7368 (TDD)

Women, Infants, and Children (WIC) Supplemental Nutrition Program

WIC State Agency
2100 Martin Luther King Jr. Avenue, SE, Suite 409
Washington, DC 20020
Phone: 202-645-5662 or 800-345-1WIC
(800-345-1942)
Fax: 202-645-0516
www.dchealth.com/wic/welcome.htm

Other Resources For Women

Immunization Program: 202-576-7130

Tobacco Control Program: 202-442-5433, Email:
TobaccoControl@dchealth.com

Baby Healthline: 800-MOM-BABY

Drug Abuse Hotline: 888-294-3572

Domestic Violence Intake Center: 202-879-0152



District Flower
American
Beauty Rose

Florida

Disability Resource

Developmental Services
Department of Children and Families
1317 Winewood Boulevard
Building 3, Room 325
Tallahassee, FL 32399
Phone: 850-488-4257

Breast and Cervical Cancer Early Detection Program

888-538-7788



State Bird
Mockingbird

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Bureau of WIC and Nutrition Services
Florida Department of Health
Bin #A-16, HSFW
4052 Bald Cypress Way
Tallahassee, FL 32399-1726
Phone: 850-245-4202 or
800-342-3556
Fax: 850-922-3936
www9.myflorida.com/family/wic/default.html



State Flower
Orange Blossom

Other State Resources For Women

Family Healthline: 800-451-2229

Florida Council Against Sexual Violence: 888-956-1273

Florida Domestic Violence Hotline: 800-500-1119

Florida AIDS Hotline: 800-FLA-AIDS (800-352-2437)

Georgia

Disability Resource

Division of Aging Services:
404-657-5258



State Flower
Cherokee Rose

Breast and Cervical Cancer Early Detection Program

800-477-9774

Women, Infants, and Children (WIC) Supplemental Nutrition Program

State WIC Office
Division of Public Health
Georgia Department of Human Resources
Two Peachtree Street, NW, 10th Floor, Suite 476
Atlanta, GA 30303
Phone: 404-657-2900 or 800-228-9173
Fax: 404-657-2910
www.ph.dhr.state.ga.us/programs/wic/index.shtml

Other Resources For Women

Women's Health Powerline: 800-822-2539

Tobacco Use Prevention Program: 404-657-6649

Perinatal Health: 404-657-3143

Violence Against Women: 404-657-3143

Division of Family and Children Services: 404-657-7660



State Bird
Brown Thrasher

Guam

Disability Resource

Guam Disability Resources: www.idonline.org/finding_help/local_org/guam.html

Breast and Cervical Cancer Early Detection Program

850-245-4455, 617-735-7174, 617-735-7168

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Nutrition Health Services/Guam WIC Program
Department of Public Health and Social Services
Government of Guam
P.O. Box 2816
Hagatna, GU 96932
Phone: 671-475-0287
Fax: 671-477-7945
www.admin.gov.gu/pubhealth/index.html

Other Resources for Women

Women's Health Powerline: 800-822-2539

Department of Public Health and Social Services
123 Chalan Kareta, Route 10

Mangilao, Guam 96923

Phone: 671-735-3999

Fax: 671-734-5910



Guam

Hawaii

Disability Resource

Disability and Communication Access Board
919 Ala Moana Boulevard, Room 101
Honolulu, HI 96814
Phone: 808-586-8121 (Voice or TDD)
Fax: 808-586-8129
Email: accessshi@aloha.net

Breast and Cervical Cancer Early Detection Program

808-692-7460



State Flower
Hibiscus

Women, Infants, and Children (WIC) Supplemental Nutrition Program

WIC Services Branch
Department of Health
235 South Beretania Street, Suite 701
Honolulu, HI 96813
Phone: 808-586-8175, 888-820-6425, or
808-586-8175 (TDD)
Fax: 808-586-8189
mano.icsd.hawaii.gov/doh/resource/family/wic/index.html



State Bird
Nene

Other State Resources For Women

Hawaii Immunization Program: 808-586-8300

Diabetes Control Program: 808-692-7462;
808-692-7461 (Fax)

Child Health Services Section: 808-733-9044

Healthy Start Program: 808-733-9033

Idaho

Disability Resource

Idaho Council on Developmental Disabilities
802 West Bannock Street, Suite 308
Boise, ID 83702-5840
Phone: 800-544-2433 or 208-334-2178

Volunteer Resource

United Way of Southeastern Idaho
Email: wecare@unitedwayscid.org
www.idaho.unitedway.org

Breast and Cervical Cancer Early Detection Program

800-926-2588



State Flower
Syringa

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Idaho WIC Program
Division of Health (6230-94)
Department of Health and Welfare
P.O. Box 83720
Boise, ID 83720-0036
Phone: 800-962-2588
www2.state.id.us/dhw/wic/index.htm



State Bird
Mountain
Bluebird

Illinois

Disability Resource

Health Resource Center for Women with Disabilities
Rehabilitation Institute of Chicago
RIC Room 106
345 East Superior
Chicago, IL 60611
Phone: 312-238-8003
Email: HRCWD@rehabchicago.org

**Breast and Cervical Cancer Early
Detection Program**
888-522-1282



State Flower
Purple Violet

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Bureau of Family Nutrition
Office of Family Health
Illinois Department of Human Services
535 West Jefferson Street
Springfield, IL 62702
Phone: 217-782-2166 or 800-323-4769
Fax: 217-785-5247
www.state.il.us/agency/dhs/wicnp.html



State Bird
Cardinal

Other State Resources For Women

Women's Health Line: 888-522-1282

Illinois Coalition Against Domestic Violence: 217-789-2830

Illinois Department of Public Health, Sexually
Transmitted Disease Hotline: 800-243-2437

Illinois Department of Human Services, Women and
Infant Care: 800-323-GROW (800-323-4769)

Indiana

Disability Resource

Disability, Aging and Rehabilitative Services
402 West Washington Street
P.O. Box 7083
Indianapolis, IN 46207-7083
Phone: 317-233-3828

Volunteer Resource

Indiana Commission for Community Service
and Volunteerism
302 West Washington Street, E220
Indianapolis, IN 46204

Breast and Cervical Cancer Early Detection Program

Indiana Family Helpline: 800-433-0746



State Flower
Peony

Women, Infants, and Children (WIC) Supplemental Nutrition Program

WIC Program
Indiana State Department of Health
2 North Meridian Street, Suite 25
Indianapolis, IN 46204
Phone: 317-233-5610
Fax: 317-233-5609



State Bird
Cardinal

Other State Resources For Women

State Information Center
402 West Washington Street, W160A
Indianapolis, IN 46204
Phone: 800-457-8283 or 317-233-0800
www.in.gov/sic

Maternal and Child Health Hotline: 800-761-1271

Indiana Family Helpline: 800-433-0746

Iowa

Disability Resource

Division of Persons with Disabilities
Phone: 888-219-0471 (Voice and TTY)
Email: [dhr.disabilities@dhr.state.ia.us](mailto: dhr.disabilities@dhr.state.ia.us)

Elderly In-Home Health Program: 515-242-6021

Volunteer Resource

Iowa Commission on Volunteer Service
200 East Grand Avenue
Des Moines, IA 50309
Phone: 515-242-4799 or 800-308-5987
Fax: 515-242-4809
Email: [icus@ided.state.ia.us](mailto: icus@ided.state.ia.us)
www.volunteeriowa.org

Breast and Cervical Cancer Early Detection Program

800-369-2229



State Flower
Wild Prairie Rose

Women, Infants, and Children (WIC) Supplemental Nutrition Program

WIC Program
Office of Community Wellness and Prevention
P.O. Box 47886
Olympia, WA 98504-7886
Phone: 360-236-3688, 800-841-1410, or
800-833-6388 (TDD)
Fax: 360-586-3890

Other State Resources For Women

Iowa Healthy Families Line:
800-369-2299 or 800-735-2942

Iowa Substance Abuse Information Center:
866-242-4111; www.drugfreeinfo.org



State Bird
Eastern
Goldfinch

Kansas

Disability Resource

Department on Aging: 800-432-3535

Kansas Commission on Disability Concerns: 800-295-5232 or 785-296-1722 (in Topeka)

Breast and Cervical Cancer Early Detection Program

877-277-1368

Women, Infants and Children (WIC) Supplemental Nutrition Program

Nutrition and WIC Services
Kansas Department of Health and Environment
Charles Curtis Office Building
1000 Southwest Jackson, Suite 220
Topeka, KS 66612-1274
Phone: 785-296-1320 or 800-332-6262
Fax: 785-296-1326
www.kdhe.state.ks.us/nws-wic/index.htm



State Bird
Western
Meadowlark

Other State Resources For Women

Kansas Department of Health and Environment:
785-296-5591

Alcohol Abuse Line: 800-432-3535



State Flower
Native Sunflower

Kentucky

Disability Resource

Kentucky Council on Developmental Disabilities:
877-367-5332

Kentucky Department of Vocational Rehabilitation:
800-372-7172

Volunteer Resource

Kentucky Commission on Women
312 West Main Street
Frankfort, KY 40601
Phone: 502-564-6643
Fax: 502-564-2315



State Bird
Kentucky Cardinal

Breast and Cervical Cancer Early Detection Program

Kentucky Women's Cancer Screening Program:
800-462-6122

Gynecologic Cancer Screening, University of Kentucky:
800-766-8279 or 859-323-4687

Women, Infants and Children (WIC) Supplemental Nutrition Program

Nutrition Services Branch
Division of Maternal and Child Health
Kentucky Department of Public Health
Cabinet for Health Services
275 East Main Street
Frankfort, KY 40621
Phone: 502-564-3827 or 800-462-6122
Fax: 502-564-8389
www.publichealth.state.ky.us/wic-program.htm



State Flower
Goldenrod

Other State Resources For Women

Kentucky HIV/AIDS Program: 800-420-7431

Kentucky Parent Information Network: 800-327-5196

Kentucky State Health Insurance Information and Assistance Program: 877-293-7447

Louisiana

Disability Resource

Vocational and Rehabilitative Services
Office for Citizens with Developmental Disabilities
P.O. Box 3117
Baton Rouge, Louisiana 70821-3117
Phone: 225-342-0095
Fax: 225-342-8823

Independent Living
8225 Florida Blvd
Baton Rouge, LA 70806
Phone: 225-925-4131 or 800-737-2958
Fax: 225-925-4184
www.dss.state.la.us/offlrs/html/independent_living.html



State Flower
Magnolia

Breast and Cervical Cancer Early Detection Program

Women's Preventive Health Program: 888-599-1073

Women, Infants and Children (WIC) Supplemental Nutrition Program

Louisiana Department of Health and Hospitals
Nutrition Services
325 Loyola Avenue, Room 406
New Orleans, LA 70160
Phone: 504-568-5065
Fax: 504-568-3065
www.oph.dhh.state.la.us/nutrition/wic/index.htm



State Bird
Eastern Brown Pelican

Other State Resources For Women

Domestic Violence Hotline: 888-411-1333

Family Planning Hotline: 504-568-5330

Maine

Disability Resource

Bureau of Elder and Adult Services: 800-262-2232

Volunteer Resource

Maine Mentoring Partnership

PO Box 406

Augusta, ME 04338-0406

Phone: 888-387-8755

www.mainementoring.org/resourceguide.html

Women, Infants and Children (WIC) Supplemental Nutrition Program

Maine WIC Nutrition Program

Division of Maternal and Family Health

Department of Human Services

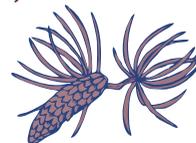
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Key Bank Plaza, 8th Floor

Augusta, ME 04333

Phone: 207-287-3991 or 800-437-9300

Fax: 207-287-3993



State Flower
White Pine Cone
and Tassel

Breast and Cervical Cancer Early Detection Program

800-350-5180 or 207-287-8015 (TDD)

Other State Resources For Women

Partnership for a Tobacco Free Maine: 800-207-1230

(Tobacco Quit-Line), 877-PTM-4YOU (877-786-4986)

MaineCare: 877-KIDS NOW (877-543-7669)



State Bird
Chickadee

Republic of the Marshall Islands

Resources for Women

Program for Children with Special Needs:

692-525-6941

Women's Reproductive Health Service, Family Planning

Clinic: 692-625-5569/7588



Marshall Islands

Maryland

Disability Resource

Developmental Disabilities Administration:
Central Maryland: 410-902-4500
Eastern Shore: 410-334-6920 or 888-219-0478
Southern Maryland: 301-362-5100,
888-207-2479, or 301-362-5131 (TDD)
Western Maryland: 301-791-4670 or
888-791-0193

Volunteer Resource

Volunteer Maryland
100 Community Place
Crownsville, MD 21032
Phone: 410-514-7270 or 771 TTY
(through Maryland relay)
Fax: 410-514-7277

**Breast and Cervical Cancer
Early Detection Program**
800-477-9774



State Bird
Baltimore Oriole

Women, Infants and Children Supplemental Nutrition Program (WIC)

WIC Administration
Maryland Department of Health and
Mental Hygiene
201 West Preston Street
P.O. Box 13528
Baltimore, MD 21203-3528
Phone: 410-767-5242, 800-242-4WIC (800-242-4942),
or 800-735-2258 (TDD)
Fax: 410-333-5243
www.mdwic.org



State Flower
Black-eyed Susan

Other State Resources For Women

Maryland Center for Immunization: 410-767-6679

Massachusetts

Disability Resource

Massachusetts Office on Disability
One Ashburton Place
Boston, MA 02108
Phone: 617-727-7440 or
800-322-2020

Volunteer Resource

Retired and Senior Volunteer Program: 508-755-2216

Incarcerated Women Resource

Education and Advocacy
Massachusetts Public Health Association
305 South Street, Room 131
Jamaica Plain, MA 02130
Phone: 617-524-6696
www.phaweb.org

**Breast and Cervical Cancer Early
Detection Program**
877-414-4447 or 617-624-5992 (TDD)



State Flower
Mayflower

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Massachusetts WIC Program
Massachusetts Department of Public Health
250 Washington Street, 6th Floor
Boston, MA 02108-4619
Phone: 617-624-6100 or
800-WIC-1007 (800-942-1007)
Fax: 617-624-6179
www.state.ma.us/dph/wic.htm



State Bird
Chickadee

Other State Resources For Women

Domestic Violence SafeLink: 877-785-2020
or 877-521-2601 (TDD)

Women's Health Network: 877-414-4447

Massachusetts Substance Abuse Information and
Education Hotline: 800-327-5050

Michigan

Disability Resource

Michigan Department of Civil Rights
110 West Michigan Street, Suite 802
Lansing, MI 48933
Phone: 517-335-3164 or 313-961-1522 (TDD)
Fax: 517-241-0546

Breast and Cervical Cancer Early Detection Program

800-922-MAMM (800-922-6266)



State Flower
Apple Blossom

Women, Infants and Children (WIC) Supplemental Nutrition Program

WIC Division
Michigan Department of Community Health
2150 Apollo Drive
P.O. Box 30195
Lansing, MI 48906
Phone: 517-335-8951 or 800 942-1636
Fax: 517-335-8835
www.mdch.state.mi.us/dch/clcf/wic.asp



State Bird
Robin

Other State Resources For Women

Michigan Office of Financial and Insurance Services:
877-999-6442

MiChild, Health Care for Children: 888-988-6300 or
888-263-5897 (TDD)

Micronesia, Federated States of

Disability Resource

Family Village Community Center:
www.familyvillage.wisc.edu/territories/micronesia.html

Other Resources for Women

Department of Health, Federated States of Micronesia
Government: 691-320-2619



Micronesia

Minnesota

Disability Resource

Minnesota State Council on Disability
121 East 7th Place, Suite 107, St. Paul, MN 55101
Phone: 651-296-6785 or 800-945-8913
(Voice and TDD)
Fax: 651-296-5935
Email: cdisability@state.mn.us
www.disability.state.mn.us

**Breast and Cervical Cancer Early
Detection Program**
888-643-2584



State Bird
Loon

Women, Infants and Children (WIC) Supplemental Nutrition Program

Minnesota Department of Health
85 East Seventh Place
P.O. Box 64882
St. Paul, MN 55101
Phone: 651-215-8957 or
800-WIC-4030 (800-942-4030)
Fax: 651-215-8951
www.health.state.mn.us/divs/fh/wic/wic.htm



State Flower
Pink and White
Ladyslipper

Other State Resources For Women

Family Planning/Sexually Transmitted Disease Hotline:
800-78-FACTS (800-783-2287)

Minnesota Children with Special Health Needs:
800-728-5420 (Voice and TDD) or 651-215-8956, or
612-623-5150 (in the Twin Cities)

Immunization Hotline: 800-657-3970

Mississippi

Disability Resource

Coalition for Citizens with Disabilities
754 North President Street
Jackson, MS 39202
Phone: 601-969-0601

Volunteer Resource

Mississippi Commission for Volunteer Service
3825 Ridgewood Road, Suite 601
Jackson, MS 39211
Phone: 601-432-6779
Fax: 601-432-6790
www.mcus.org

**Breast and Cervical Cancer Early
Detection Program**
800-721-7222



State Bird
Mockingbird

Women, Infants, and Children (WIC) Supplemental Nutrition Program

WIC Program
Bureau of Health Services
State Department of Health
570 East Woodrow Wilson
Jackson, MS 39216
Phone: 601-576-7100 or 800-721-7222
Fax: 601-576-7070

Other State Resources for Women

Mississippi State Department of Health, Bureau of
Women's Health: 800-721-7222



State Flower
Magnolia

Missouri

Disability Resource

Governor's Council on Disability: 800-877-8249

Breast and Cervical Cancer Early Detection Program

800-4-CANCER (800-422-6237) or 573-522-2845

Women, Infants and Children (WIC) Supplemental Nutrition Program

Missouri Department of Health and Senior Services
920 Wildwood, P.O. Box 570
Jefferson City, MO 65102-0570
Phone: 573-751-6204, 800-392-8209,
or 800-TEL-LINK (800-835-5465) for clinics

Other State Resources For Women

Missouri Department of Health and Senior Services
Section of STD/HIV, P.O. Box 570
930 Wildwood Drive
Jefferson City, MO 65102-0570
Phone: 573-751-6439 or 800-392-0272
Fax: 573-751-6447



State Bird
Hawthorne



State Flower
Dogwood

Montana

Disability Resource

Disability Services Division
111 North Sanders
P.O. Box 4210
Helena, MT 59604-4210
Phone: 406-444-3054 or
406-444-2590 (TDD)
Fax: 406-444-3632



State Bird
Western Meadowlark

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Human Services
Department of Public Health and Human Services
Cogswell Building
1400 Broadway Avenue
Helena, MT 59620-2951
Phone: 406-444-5533 or 800-433-4298
Fax: 406-444-0239
www.dphhs.state.mt.us/hpsd/index.htm

Breast and Cervical Cancer Early Detection Program

888-803-9343

Other State Resources For Women

Title X Family Planning Programs: 800-965-1137



State Flower
Bitterroot

Nebraska

Breast and Cervical Cancer Early Detection Program

Every Woman Matters
301 Centennial Mall South, 3rd Floor
P.O. Box 94817
Lincoln, NE 68509-4817
Phone: 402-471-0929, 800-532-2227,
or 800-833-7352 (TDD)
Fax: 402-471-0913



State Bird
Western Meadowlark

Women, Infants, and Children (WIC) Supplemental Nutrition Program

WIC
Family Health Division
Nebraska Dept. of Health and Human Services
P.O. Box 95044
301 Centennial Mall South
Lincoln, NE 68509-5044
Phone: 402-471-2781 or 800-942-1171
Fax: 402-471-7049
www.hhs.state.ne.us/nut/Wic01.htm



State Flower
Goldenrod

Nevada

Disability Resource

Nevada Rehabilitation Division
Office of Community Based Services
711 South Stewart Street
Carson City, NV 89701
Phone: 775-687-4452

Volunteer Resource

Volunteer Center of Southern Nevada
1660 East Flamingo Street
Las Vegas, NV 89119
Phone: 702-892-2321
Email: volunteernevada@yahoo.com

Breast and Cervical Cancer Early Detection Program

Women's Health Connection: 888-463-8942 or
775-684-5936



State Flower
Sagebrush

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Nevada WIC Program
Health Division
505 East King Street, Room 204
Carson City, NV 89701-4799
Phone: 775-684-5942 or 800-8-NEV-WIC (800-863-8942)
Fax: 775-684-4246
www.health2k.state.nv.us/wic/index.htm

Other State Resources For Women

Early Prenatal Care, Baby Your Baby
Campaign: 800-429-2669

Senior Prescription Program:
800-243-3638

Financial Help for Prenatal Care, Maternal and
Child Health Prenatal Program: 775-684-4285

Domestic Violence Prevention Hotline: 800-500-1556



State Bird
Mountain Bluebird

New Hampshire

Disability Resource

New Hampshire Developmental Disabilities Services System
105 Pleasant Street
Concord, NH 03301
Phone: 603-271-5034, 603-271-5166, 800-852-3345 or 800-735-2964 (TDD)
Fax: 800-852-3345

Breast and Cervical Cancer Early Detection Program

800-852-3345, option 1, extension 4931 or 603-271-4931



State Bird
Purple Finch

Women, Infants and Children (WIC) Supplemental Nutrition Program

Bureau of WIC Nutrition Services
Office of Community and Public Health
6 Hazen Drive
Concord, NH 03301
Phone: 603-271-4546 or 800-WIC-4321 (800-942-4321)
Fax: 603-271-4779
Email: wicprogram@dhhs.state.nh.us



State Flower
Purple Lilac

Other State Resources For Women

Tobacco Prevention: 603-271-6891 or 800-852-3345, extension 6891

Alcohol and Drug Abuse Prevention Program: 603-271-6100 or 800-804-0909

Celebrate Wellness: 603-271-6887 or 800-852-3345, extension 6887

New Jersey

Disability Resource

Division of Disability Services Information and Referral
Hotline: 888-285-3036 or 609-292-7800

Good Neighbors, Community Living for People with Disabilities: 877-DHS-LINE (877-347-5463)

Volunteer Resource

New Jersey Commission on National and Community Services, New Jersey Department of Education
PO Box 500
100 Riverview Plaza
Trenton, NJ 08625-0500
609-633-9627

Breast and Cervical Cancer Early Detection Program

800-328-3838



State Flower
Common Violet

Women, Infants and Children (WIC) Supplemental Nutrition Program

New Jersey State WIC Program
Department of Health, CN 364
Trenton, NJ 08625-0364
Phone: 609-292-9560 or 800-328-3838
Fax: 609-292-3580 or 9288
www.state.nj.us/health/fhs/wichome.htm

Other State Resources For Women

Child Care Hotline: 800-332-9227

Domestic Violence Hotline: 800-572-7233

Teen Pregnancy Hotline:
800-THE-KIDS (800-843-5437)



State Bird
Eastern Goldfinch

New Mexico

Disability Resource

Project Succeed: 505-954-8523 or 800-318-1469;
Fax: 505-954-8562

Commission for the Blind: 888-513-7968

Breast and Cervical Cancer Early Detection Program

877-852-2585

Women, Infants and Children (WIC) Supplemental Nutrition Program

New Mexico Department of Health, Family, Food and Nutrition
2040 South Pacheco Street
Santa Fe, NM 87505
Phone: 505-476-8801
Fax: 505-476-8512
www.home.sprynet.com/~jtpierce/wic.htm



State Bird
Roadrunner

Other State Resources For Women

Human Services Department: 505-827-7750 or
800-609-4833 (TDD)

Children, Youth and Family: 505-827-4690

Office of African American Affairs: 866-747-6935 or
505-841-4835; Fax: 505-841-4865

Agency on Aging: 800-432-2080

Veteran Services Commission: 505-827-6300



State Flower
Yucca

New York

Disability Resource

New York State Office of Advocate
for Persons with Disabilities
1 Empire State Plaza, Suite 1001
Albany, NY 12223
Phone: 800-522-4369 (Voice,
Spanish and TDD)



State Bird
Bluebird

Breast and Cervical Cancer Early Detection Program

800-4-CANCER (800-426-6237) or 800-ACS-2345
(800-227-2345)

Women, Infants and Children (WIC) Supplemental Nutrition Program

Bureau of Supplemental Food Programs
Division of Nutrition
New York State Department of Health
150 Broadway, Floor 6, West
Albany, NY 12204-2719
Phone: 518-402-7093 or 800-522-5006
Fax: 518-402-7348
Email: NYSWIC@health.state.ny.us



State Flower
Rose

Volunteer Resource

New York State Commission on National and
Community Service
Capital View Office Park
52 Washington Street
Rensselaer, NY 12144-2796
Email: volunteernewyork@dfa.state.ny.us

The Retired and Senior Volunteer Program
[www.agingwell.state.ny.us/ccenter/volunteer/
rsvp.htm](http://www.agingwell.state.ny.us/ccenter/volunteer/rsvp.htm)

Other State Resources For Women

Ovarian Cancer Information: 800-682-7426

Smoker's Quitline: 888-609-6292

Referral Services: 800-767-9355

North Carolina

Disability Resource

Council on Developmental Disabilities
1001 Navaho Drive, Suite GL-103
Raleigh, NC 27609
Phone : 919-850-2833
Fax: 919-850-2895
www.nc-ddc.org



Volunteer Resource

North Carolina Commission on
Volunteerism and Community Service
Office of the Governor
0312 Mail Service Center
116 West Jones Street
Governor's Administrative Bldg
Raleigh, NC 27560
Phone: 919-715-3470 or 800-820-4483
Fax: 919-715-8677
Email: volcommission@ncmail.net

Breast and Cervical Cancer Early Detection Program

800-4-CANCER (800-426-6237) or 919-715-0111

Women, Infants and Children (WIC) Supplemental Nutrition Program

Nutrition Services Branch
North Carolina Division of Public Health
Department of Health and Human Services
1914 Mail Service Center
Raleigh, NC 27699-1914
www.nutritionnc.com/wic/
Phone: 919-733-2973 or 800-FOR BABY
(800-367-2229)
Fax: 919-733-1384



Other State Resources For Women

CARE-LINE, Health Information & Referrals: 919-733-4261, 800-662-7030 (English and Spanish), 919-733-4851 (TDD), or 877-452-2514 (TDD)

North Dakota

Disability Resource

North Dakota Association for the Disabled
1913 South Washington Street
Grand Folks, ND 58201
Phone: 800-532-NDAD (800-532-6323)
www.ndad.org

Breast and Cervical Cancer Early Detection Program

Women's Way: 800-44-WOMEN (800-449-6636)
or 701-328-2333



Women, Infants, and Children (WIC) Supplemental Nutrition Program

WIC
Maternal and Child Health
North Dakota State Department of Health
600 East Boulevard Avenue
Bismarck, ND 58505-0200
Phone: 701-328-2493 or 800-472-2286
Fax: 701-328-1412
www.health.state.nd.us/ndhd/prevent/mch/wic

Other State Resources For Women

Maternal and Child Health: 800-472-2286



Northern Mariana Islands, Commonwealth of

Disability Resource

Northern Marianas Protection and Advocacy System
P.O. Box 3529 C.K.
MP 96950
Phone: 670-235-7274 or 7273
Fax: 670-235-7275

Other Resources for Women

Commonwealth Health Center
Lower Navy Hill, Garapan (Middle Road)
Saipan, MP 96950
Phone: 670-234-8950
Fax: 670-236-8600



State Bird
Mariana Fruit Dove

Ohio

Volunteer Resource

FirstLink: 614-221-2255 or 614-341-2272 (TDD)
www.firstlink.org

Breast and Cervical Cancer Early Detection Program

For local programs call:
Cancer Information Service: 800-4-CANCER
(800-422-6237)

Ohio Department of Health
Health Promotion and Risk Reduction
Breast and Cervical Cancer Project
246 North High Street
P.O. Box 118
Columbus, Ohio 43216-0118
Phone: 614-644-8700
Fax: 614-644-7740



State Bird
Cardinal

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Bureau of Women, Infants and Children
Ohio Department of Health
246 North High Street
P.O. Box 118
Columbus, OH 43216-0118
Phone: 614-644-8006 or 800-755-GROW
(800-755-4769)
Fax: 614-728-2881



State Flower
Carnation

Other State Resources For Women

Ohio Women's Information Line: 800-282 3040

Aging: 800-282-1206

Office of Women's Health Initiatives: 614-644-1105
www.odh.state.oh.us/ODHPrograms/WOM_INI/wom_ini1.htm

Oklahoma

Disability Resource

Oklahoma ABLE: 800-257-1705 or 888-885-5588 (TDD)

Oklahoma Department of Human Services, Developmental Disabilities Services Division: 405-521-6267

Volunteer Resource

Aging Services: 405-521-2327
(for volunteer opportunities with the aging)

Breast and Cervical Cancer Early Detection Program

Take Charge!: 888-669-5934

Breast and Cervical Cancer Program, Kaw Nation of Oklahoma: 580-362-1039

Cherokee Nation of Oklahoma: 918-458-4491



Women, Infants and Children (WIC) Supplemental Nutrition Program

Oklahoma State Department of Health WIC Services
2520 Villa Prom Street
Oklahoma City, OK 73107-2419
Phone: 405-271-4676 or 888-655-2942
Fax: 405-271-5763
www.health.state.ok.us/program/wic



Other State Resources For Women

Aging Services: 800-211-2116; Fax 405-521-2086

Family Support Services: 866-411-1877 or 405-521-3076

Oregon

Breast and Cervical Cancer Early Detection Program

503-731-4273

Women, Infants and Children (WIC) Supplemental Nutrition Program

Oregon WIC Program
Oregon Health Division, Suite 865
800 Northeast Oregon Street
Portland, OR 97232-2162
Phone: 503-731-4022 or 800-SAFENET (TDD) (800-723-3638)
Fax: 503-731-3477
www.ohd.hr.state.or.us/wic/welcome.htm



Other State Resources For Women

Oregon Health Services
800 Northeast Oregon Street, #825
Portland, OR 97232



Palau, Republic of

Disability Resource:

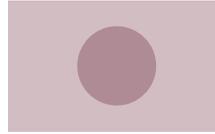
Palau Interagency Project: 680-488-4804 or
680-488-1757

Breast and Cervical Cancer Early Detection Program

680-488-2552

Other Resources For Women

Family Planning Hotline: 680-488-1756



Palau

Pennsylvania

Breast and Cervical Cancer Early Detection Program

HealthyWoman Project: 717-783-1457

Women, Infants and Children (WIC) Supplemental Nutrition Program

Pennsylvania Department of Health
Division of WIC
Health and Welfare Building, Room 604
P.O. Box 90
Harrisburg, PA 17108-0090
Phone: 717-783-1289 or 800-WICWINS
(800-942-9467)
Fax: 717-705-0462
www.health.state.pa.us/php/wic



State Flower
Mountain Laurel



State Bird
Ruffed Grouse

Puerto Rico

Disability Resource

Programa de Asistencia Médica
787-250-7429 or 787-765-1230

Breast and Cervical Cancer Early Detection Program

787-274-6861 or 787-274-5640

Women, Infants and Children (WIC) Supplemental Nutrition Program

WIC Program
Puerto Rico Department of Health
Pinero Hato Rey
198 Calle Trinidad
P.O. Box 25220
San Juan, PR 00928
Phone: 787-766-2805
Fax: 787-763-1444



State Bird
Reinita

Other State Resources For Women

Proyecto Especial de Violencia Doméstica
P.O. Box 194735
San Juan, PR 00919-4735
Teléfono: 787-764-0524
Facsimil: 787-764-0524



State Flower
Maga

Rhode Island

Disability Resource

Governor's Commission on Disabilities
401 Cherrydale Court
Cranston, RI 02920
Phone: 401-462-0100
Email: disabilities@gcd.state.ri.us

Volunteer Resource

Volunteer Center of Rhode Island
55 Bradford Street, Suite 302
Providence, RI 02903
Phone: 401-421-6547

Incarcerated Women Resource

Women in Transition, Inc.
Pinel Building
B28 Wilma Schesler Lane
Cranston, RI 02920
Phone: 401-462-1767
Email: womentransition@msn.com



State Bird
Rhode Island
Red Rooster

Breast and Cervical Cancer Early Detection Program

Women's Cancer Screening Program: 401-222-4324

Women, Infants, and Children (WIC) Supplemental Nutrition Program

WIC Program
Department of Health
Cannon Building
3 Capitol Hill, Room 302
Providence, RI 02908-5097
Phone: 401-222-3940, 800-942-7434,
or 800-745-5555 (TDD)
Fax: 401-222-1442
www.health.state.ri.us



State Flower
Violet

Other State Resources For Women

Health for Her: 800-942-7434

Domestic Violence Hotline: 800-494-8100

Rhode Island Commission on Women: 401-222-6105

South Carolina

Disability Resource

South Carolina Department of Disabilities and Special Needs
Phone: 803-898-9600 (Voice and TTY) or 888-DSN-INFO (888-376-4636)
Fax: 803-898-9653

Breast and Cervical Cancer Early Detection Program

803-896-0000



State Bird
Carolina Wren

Women, Infants and Children (WIC) Supplemental Nutrition Program

Division of Preventive and Personal Health
South Carolina Dept. of Health and Environmental Control
Mills/Jarrett Complex
P.O. Box 101106
1751 Calhoun Street
Columbia, SC 29201-2911
Phone: 803-898-0743 or 800 868-0404
Fax: 803-898-0383
www.scdhec.net/hs/mch/wic/index.htm

Other State Resources For Women

Department of Health and Human Services:
803-898-2500



State Flower
Yellow Jessamine

South Dakota

Disability Resource

Department of Human Services
c/o 500 East Capitol
East Highway 34
Hillsview Plaza
Pierre, SD 57501
Phone: 605-773-5990 or 800-265-9684
Fax: 605-773-5483



State Bird
Ring-necked Pheasant

Phone: 605-773-3737 or 800-738-2301
Fax: 605-773-5509
www.state.sd.us/doh/FamHlth/wic.htm

Other State Resources For Women

All Women Count! WISEWOMAN Chronic Disease Screening Program: 605-773-3622 or 800-738-2301

Family Planning Program: 800-738-2301

Bright Start: 800-305-3064

South Dakota Domestic Abuse Hotline: 800-430-SAFE (800-430-7233)

McKenna Hospital Statewide Suicide Hotline: 800-691-4336

Breast and Cervical Cancer Early Detection Program

All Women Count! 800-738-2301

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Nutrition Services
Division of Health Services
South Dakota Department of Health
615 East 4th Capitol
Pierre, SD 57501-5070



State Flower
Pasque

Tennessee

Disability Resource

Tennessee Disabilities Information and Referral Office:
800-640-INFO (800-640-4636)

Volunteer Resource

Volunteer Tennessee: www.volunteertennessee.org

Breast and Cervical Cancer Early Detection Program

Tennessee Department of Health
Cordell Hull Building, Fourth Floor
425 Fifth Avenue, North
Nashville, TN 37247
Phone: 877-969-6636



Women, Infants, and Children's(WIC) Supplemental Nutrition Program

Supplemental Food Programs
Nutrition Services Section
Tennessee Department of Health
Cordell Hull Building, 5th Floor

425 Fifth Avenue, North
Nashville, TN 37247-4501
Phone: 615-741-7218 or 800-DIAL-WIC (800-342-5942)
Fax: 615-532-7189
www.state.tn.us/health/wic/index.htm

Other State Resources For Women

BABY Line: 800-428-2229

Parenting & Domestic Violence Help Line: 800-356-6767

Child Care Resource & Referral Hotline: 800-462-8261

Osteoporosis Hotline: 888-734-BONE

HIV/AIDS Hotline: 800-525-AIDS



Texas

Breast and Cervical Cancer Early Detection Program

800-452-1955 or 512-458-7644

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Bureau of Nutrition Services
Texas Department of Health
1100 West 49th Street
Austin, TX 78756-3199
Phone: 512-458-7444 or 800-WIC-FOR-U
(800-942-3678)
Fax: 512-458-7446
www.tdh.state.tx.us/wichd



Other State Resources For Women

Domestic Violence Hotline: 800-799-7233

Family Health Information and Referral
Hotline: 800-422-2956

Bureau of Women's Health:
www.tdh.state.tx.us/women



Utah

Disability Resource

Children with Disabilities:
health.utah.gov/cfhs/cshcn/index.html

Breast and Cervical Cancer Early Detection Program

801-538-6712

Women, Infants and Children (WIC) Supplemental Nutrition Program

Division of Family Health Services
Utah State Department of Health
288 North 1460 West
P.O. Box 141013
Salt Lake City, UT 84114-1013
Phone: 801-538-6960 or 877-WIC-KIDS
(877-942-5437)
Fax: 801-538-6729
www.health.utah.gov/wic



Other State Resources For Women

Cardiovascular Program
P.O. Box 142107
Salt Lake City, UT 84114-2107
Phone: 801-538-6142

Division of Community and Family Health Services
288 North 1460 West
P. O. Box 142107
Salt Lake City, Utah 84114-2107
Phone: 801-538-6261 or 888-222-2542
Fax: 801-538-9495

Utah Diabetes Control Program:
801-538-6141; 801-538-9495 (Fax)

Substance Abuse Prevention Center:
www.hsdsa.utah.gov/Prevent_Providers.htm



State Bird
California Seagull

Vermont

Disability Resource

Disability Determination Services: 802-241-2463

Volunteer Resource

Make A Wish Foundation of Vermont: 802-864-9393

Breast and Cervical Cancer Early Detection Program

Ladies First: 802-865-7758 or 800-508-2222

Women, Infants and Children (WIC) Supplemental Nutrition Program

Vermont WIC Program
Division of Community Public Health
Department of Health
P.O. Box 70
108 Cherry Street
Burlington, VT 05402-0070
Phone: 802-863-7333 or 800-464-4343, extension 7333
Fax: 802-863-7229
www.healthyvermonters.info/cph/nutrition/wic.shtml

Other State Resources For Women

AIDS Hotline: 802-863-7245 or 800-882-AIDS
(800-882-2437)

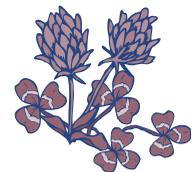
Smoker's Toll-Free Quit Line: 877-YES-QUIT
(877-937-7848)

Poison Hotline: 800-222-1222

Healthy Babies, Kids and Families:
800-649-HELP (800-649-4357)



State Bird
Hermit Thrush



State Flower
Red Clover

Virginia

Disability Resource

Virginia Board for people with Disabilities
202 North 9th Street, 9th Floor
Richmond, VA 23219
Phone: 800-846-4464 (Voice & TDD)

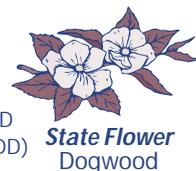
Breast and Cervical Cancer Early Detection Program

800-ACS-2345 (800-227-2345) or 804-786-5916



Women, Infants, and Children (WIC) Supplemental Nutrition Program

Division of Chronic Disease Prevention and Nutrition
Department of Health
1500 East Main Street, Room 132
Richmond, VA 23219
Phone: 804-786-5420, 888-WICFOOD (888-942-3663), or 800-828-1120 (TDD)
Fax: 804-371-6162
www.vahealth.org/wic



Other State Resources For Women

Comprehensive Family Services: 800-468-8894

Virgin Islands

Disability Resource

Virgin Islands Advocacy Agency
7A Whim Street, Suite 2
Frederiksted, VI 00840
Phone: 340-772-1200, 340-776-4303, or 340-772-4641 (TDD)

Breast and Cervical Cancer Early Detection Program

Every Woman at Heart: 800-ACS-2345 (800-227-2345), 340-773-2676, or 340-774-9000

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Virgin Islands WIC Program
Department of Health
Charles Harwood Complex
3500 Estate Richmond

Christiansted, VI 00821
Phone: 340-773-9157 (St. Croix)
Fax: 340-773-6495 (St. Croix), 340-774-5820 (St. Thomas)

Other Resources For Women

Special Health Care Needs Program,
Department of Health, Maternal and Child
Health: 809-773-1311



Virgin Islands

Washington

Disability Resource

Division of Vocational Rehabilitation
State Office/Lacey
P.O. Box 45340
Olympia, WA 98504
Phone: 800-637-5627



State Flower
Pink Rhododendron

Other State Resources For Women

Healthy Mothers, Healthy Babies: 800-322-2588
Tobacco Quitline: 877-270-7867
Family Planning Hotline: 800-770-4334

Breast and Cervical Cancer Early Detection Program

888-438-2247

Women, Infants, and Children (WIC) Supplemental Nutrition Program

Bureau of Nutrition and WIC
Iowa Department of Public Health
Lucas State Office Building
Des Moines, IA 50319-0075
Phone: 515-281-3713 or 800-532-1579
Fax: 515-281-4913
idph.state.ia.us/fch/n-wic.htm



State Bird
Willow Goldfinch

West Virginia

Disability Resource

State Developmental Disabilities Council
110 Stockton Street
Charleston, WV 25312
Phone: 304-558-2376



State Bird
Cardinal

Other State Resources For Women

West Virginia Office of Maternal, Child and Family Health: 800-642-8522

West Virginia Women's Commission: 304-558-0070

West Virginia Coalition Against Domestic Violence:
304-965-3552

West Virginia Family Planning Program: 800-642-8522

Breast and Cervical Cancer Early Detection Program

800-642-8522 or 800-422-6237

Women, Infants, and Children (WIC) Supplemental Nutrition Program

West Virginia WIC Program
350 Capitol Street, Room 519
Charleston, WV 25301-3717
Phone: 304-558-0030 or 888-WV-FAMILY
(888-983-2645)
Fax: 304-558-1541
www.wvdhhr.org/ons



State Flower
Rhododendron

Wisconsin

Disability Resource

Wisconsin Council on Developmental Disabilities
600 Williamson Street, P.O. Box 7851
Madison, WI 53707-7851
Phone: 608-266-7826
www.wcdd.org

Breast & Cervical Cancer Early Detection Program

Women's Health Hotline: 800-218-8408



Women, Infants and Children (WIC) Supplemental Nutrition Program

Wisconsin WIC Program
Wisconsin Department of Health and Family Services
1 West Wilson Street, P.O. Box 2659
Madison, WI 53701-2659
Phone: 608-266-9824 or 800-722-2295
Fax: 608-266-3125
www.dhfs.state.wi.us/wic

Other State Resources For Women

Wisconsin Women's Health Hotline: 800-218-8408

BadgerCare: 800-362-3002 (TTY and translation services available)



Wyoming

Disability Resource

Developmental Disabilities Division
122 West 25th Street
Cheyenne, WY 82002
Phone: 307-777-7115

Volunteer Resource

Wyoming Commission for National and Community Service: 307-777-5396

Breast and Cervical Cancer Early Detection Program

800-264-1296 or 307-777-6006



Women, Infants, and Children (WIC) Supplemental Nutrition Program

WIC Program
Division of Public Health
Department of Health
456 Hathaway Building
Cheyenne, WY 82002-0050
Phone: 307-777-7494 or 800-994-4769
Fax: 307-777-5643
wdhfs.state.wy.us/WDH/wic.htm

Other State Resources For Women

Maternal and Child Health
4020 House Avenue
Cheyenne, WY 82002
Phone: 307-777-6921



Diabetes Control Program: 307-777-3579

Regional Women's Health Coordinators

The Office on Women's Health supports Women's Health Coordinators in each of the 10 regions of the U.S. Public Health Service. These coordinators convene public meetings, compile data on women's health statistics and

resources, and promote collaborations among states and regions to promote culturally appropriate women's health services, research, and education.

Region I—CT, MA, ME, NH, RI, VT

Laurie Robinson, M.T.S.

Women's Health Coordinator
John F. Kennedy Federal Building, Room 2126
Boston, MA 02203
Phone: 617-565-1071 Fax: 617-565-4265
Email: lrobinson@osophs.dhhs.gov

Region VII- IA, KS, MO , NE

Joyce Townser, R.N., B.S.N.

Women's Health Coordinator
601 East 12th Street, Room 210
Kansas City, MO 64106
Phone: 816-426-2926 Fax: 816-426-2178
Email: jtownser@osophs.dhhs.gov

Region II—NJ, NY, PR, Virgin Islands

Sandra Estepa, M.S.

Women's Health Coordinator
26 Federal Plaza, Room 3835
New York, NY 10278
Phone: 212-264-4628 Fax: 212-264-1324
Email: sestepa@osophs.dhhs.gov

Region VIII- CO, MT, ND, SD, UT, WY

Laurie Konsella, M.P.A.

Women's Health Coordinator
1961 Stout Street, Room 498
Denver, CO 80294-3538
Phone: 303-844-7854 Fax: 303-844-2019
Email: lkonsella@osophs.dhhs.gov

Region III—DC, DE, MD, PA, VA, WV

Rosa F. Myers, A.R.N.P., M.S.N.

Women's Health Coordinator
150 S. Independence Mall West, Suite 436
Philadelphia, PA 19106-3499
Phone: 215-861-4637 Fax: 215-861-4623
Email: rmyers@osophs.dhhs.gov

Region IX- AZ, CA, HI, NV, American Samoa, Guam, Marshall Islands, Micronesia, Northern Mariana Islands, Palau

Kay A. Strawder, J.D., M.S.W.

Women's Health Coordinator
50 United Nations Plaza, Room 327
San Francisco, CA 94102
Phone: 415-437-8119 Fax: 415-437-8004
Email: kstrawder@osophs.dhhs.gov

Region IV—AL, FL, GA, KY, MS, NC, SC, TN

Annie Brayboy Fair, M.P.H., M.S.W.

Women's Health Coordinator
61 Forsyth Street, S.W., 5B95
Atlanta, GA 30303-8909
Phone: 404-562-7904 Fax: 404-562-7899
Email: afair@osophs.dhhs.gov

Region X- AK, ID, OR, WA

Marian Mehegan, D.D.S., M.P.H.

Women's Health Coordinator
2201 Sixth Avenue, M/S RX-29
Seattle, WA 98121
Phone: 206-615-2024 Fax: 206-615-2481
Email: mmehegan@osophs.dhhs.gov

Region V—IL, IN, MI, MN, OH, WI

Michelle Hoersch, M.S.

Women's Health Coordinator
233 N. Michigan Avenue, Suite 1300
Chicago, IL 60601
Phone: 312-353-8122 Fax: 312-353-7800
Email: mhoersch@osophs.dhhs.gov

Carolyn Lofgren

Senior Regional Women's Health Liaison
Advisor for Regional Women's Health
Department of Health and Human Services
DHHS Office on Women's Health
200 Independence Ave. S.W., Room 712E
Washington, DC 20201
Phone: 202-260-4449 Fax: 202-401-4005
Email: clofgren@osophs.dhhs.gov

Region VI- AR, LA, NM, OK, TX

Charlotte Gish, C.N.M., M.S.N.

Women's Health Coordinator
1301 Young Street, Suite 1124
Dallas, TX, 75202
Phone: 214-767-3523 Fax: 214-767-3209
Email: cgish@osophs.dhhs.gov

Health and Human Services Coordinating Committee on Women's Health

The HHS Coordinating Committee on Women's Health is composed of senior-level women's health representatives from across the agencies and offices of the U.S. Department of Health and Human Services. The Committee advises the Assistant Secretary for Health on matters concerning the physical and mental health of women in our nation. It also serves as a forum for HHS agencies to share information on ongoing and

proposed initiatives in women's health and to identify opportunities for collaboration. Members exchange information on high-priority issues identified by women's health coordinators at the regional and state levels, including those likely to become critical policy issues. The Committee also participates in the development and dissemination of U.S. positions on women's health internationally.

Chair

Wanda K. Jones, Dr.P.H.

*Deputy Assistant Secretary for Health
(Women's Health)*

Members

Camille Haney

*Special Assistant to the Secretary
Office of the Secretary*

**Agnes H. Donahue, D.D.S., M.S.D.,
M.P.H.**

*Special Assistant to the Director
Office of Intergovernmental Affairs*

Carter Blakey

*Office of Disease Prevention and
Health Promotion*

DaDera L. Moore, M.S.W., M.P.H.

Office of HIV/AIDS Policy

Erika Elvander

*International Program Officer
Office of Global Health Affairs*

Captain Mary I. Lambert, U.S.P.H.S.

*Director
Office of Military Liaison and Veterans Affairs*

Betty L. Hawks, M.A.

*Special Assistant to the Director
Office of Minority Health*

Mireille B. Kanda, M.D.

Acting Director, Office of Population Affairs

Frances Ashe Goins, R.N., M.P.H.

*Director, Policy and Program Development
Office on Women's Health*

Valerie Scardino

*Acting Director, Communications Division
Office on Women's Health*

B. Kaye Hayes, M.P.A.

*Senior Advisor for Policy
Office on Women's Health*

Christine G. Spain, M.A.

*Director for Research
Planning and Special Projects
President's Council on Physical Fitness
and Sports*

Marian Mehegan, D.D.S., M.P.H.

*Women's Health Coordinator
Representative from the PHS Regional
Women's Health Offices*

Women's Health Coordinating Committee Members (con't)

Greta T. Davis, M.A.

*Senior Budget Analyst
Office of the Assistant Secretary for Budget
Technology and Finance*

Tracy L. Self

*Deputy Assistant Secretary
Office of the Assistant Secretary for
Public Affairs*

Wilma Tilson, M.P.H.

*Health Policy Analyst
Division of Public Health Policy
Office of the Assistant Secretary for Planning
and Evaluation*

Marcy L. Gross

*Senior Advisor on Women's Health
Agency for Healthcare Research and Quality*

Yvonne T. Green, R.N., C.N.M., M.S.M.

*Director
Office of Women's Health
Centers for Disease Control and Prevention*

Susan F. Wood, Ph.D.

*Director
Office of Women's Health
Food and Drug Administration*

Deborah Maiese, M.P.A.

*Director
Women's Health
Health Resources and Services Administration*

Sandra Dodge, C.N.P.

*Women's Health Coordinator
Indian Health Service*

Vivian W. Pinn, M.D.

*Associate Director for Research on
Women's Health
Director
Office of Research on
Women's Health
National Institutes of Health*

Ulonda B. Shamwell, M.S.W.

*Associate Administrator for
Women's Services
Substance Abuse and Mental Health
Services Administration*

Barbara Paul, M.D.

*Director, Quality Measurement and Health
Assesment Group
Centers for Medicare and Medicaid Services*

Margaret J. Giannini, M.D., F.A.A.P.

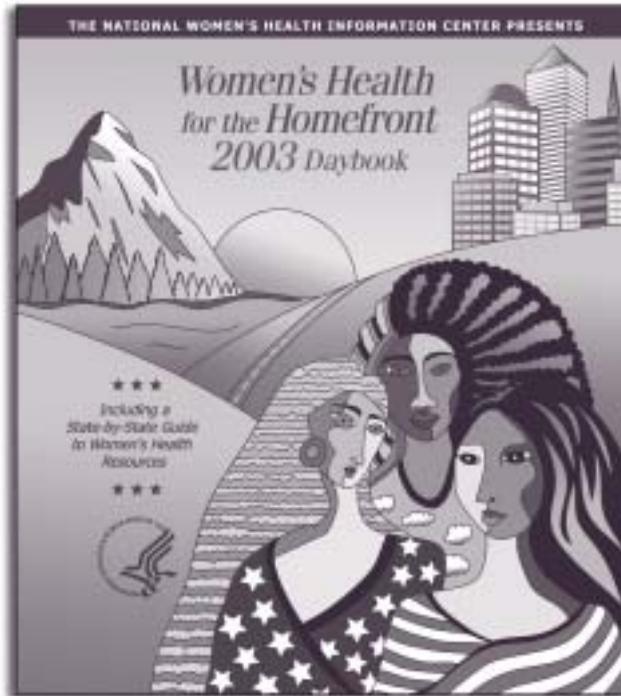
*Director
Office on Disabilities*

Brendan Kelly, M.P.A.

*Presidential Management Intern
Administration for Children and Families*

Susana Perry

*Women's Health and Health Promotion and
Disease Prevention
Administration on Aging*



Women's Health for the Homefront...2003 Daybook is a product of the Office on Women's Health in the U.S. Department of Health and Human Services.

Daybook Committee: Adrienne Barnes, Cheryl Batchelor, Joyce Cusack, Carol Krause, Maureen Nugent, Peter Rhee, Donna Ruscavage and Valerie Scardino.

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Place
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National Women's Health Information Center
8550 Arlington Boulevard, Suite 300
Fairfax, VA 22031

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***"Women are the
primary caregivers in every
family ...they are the first line
of every family's defense
against illness and injury."***

Secretary Tommy G. Thompson
U.S. Department of Health and Human Services

U.S. Department of Health and Human Services
Office on Women's Health
200 Independence Avenue, SW
Room 712E
Washington DC 20201

www.4woman.gov
800-994-WOMAN (9662)
888-220-5446 (TDD)

